


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M52719**  
 1. Entity Name  
**THOMSON HEALTHCARE INC.**



Principal Place of Business      Mailing Address  
**FIVE PARAGON DRIVE**      **FIVE PARAGON DRIVE**  
**MONTVALE, NJ 07645 US**      **MONTVALE, NJ 07645 US**

**DO NOT WRITE IN THIS SPACE**



03112004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2811463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 THE PRENTICE HALL CORPORATION SYSTEMS, INC  
 1201 HAYES STREET  
 STE. 105  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and file if applicable.      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**        **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

1000000094650  
 03/23/04-80005-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FRIEDLAND, EDWARD A
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	D
NAME	HULLAND, DAVID J
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	D
NAME	STANLEY, DEIRDRE
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	CEO
NAME	NOBLE, RICHARD A
STREET ADDRESS	6200 S SYRACUSE WAY 300
CITY-ST-ZIP	ENGLEWOOD, CO 801114740
TITLE	VPAS
NAME	FRIEDLAND, EDWARD A
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VP
NAME	HULLAND, DAVID J
STREET ADDRESS	ONE STATION PLACE 6TH FLOOR
CITY-ST-ZIP	STAMFORD, CT 06902

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Paul J. Hilger*      **PAUL J. HILGER**      Date **3/12/2004**      Daytime Phone # **201-358-7000**