


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M52719 1. Entity Name THOMSON HEALTHCARE INC.	
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Principal Place of Business FIVE PARAGON DRIVE MONTVALE, NJ 07645 US	Mailing Address FIVE PARAGON DRIVE MONTVALE, NJ 07645 US
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2811463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRIEDLAND, EDWARD A ONE STATION PLACE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HULLAND, DAVID J ONE STATION PLACE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANLEY, DEIRDRE ONE STATION PLACE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO KING, KEVIN FIVE PARAGON DR MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS FRIEDLAND, EDWARD A ONE STATION PLACE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HULLAND, DAVID J ONE STATION PLACE 6TH FLOOR STAMFORD, CT 06902

UD00000525895
05/04/06-80051-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. HILLER** 4/18/06 201-358-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
AUTH OFF