

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17395 (5)**

1. Corporation Name
THOMSON CONSUMER ELECTRONICS, INC.



Principal Place of Business: ~~600 NORTH SHERMAN DRIVE~~
10330 N. MERIDIAN STREET
INDIANAPOLIS IN 46290
US

Mailing Address: ~~600 NORTH SHERMAN DRIVE~~
10330 N. MERIDIAN STREET
INDIANAPOLIS IN 46290
US

3. Date Incorporated or Qualified: **12/28/1987** 3a. Date of Last Report: **05/01/1995**

4. FET Number: **35-1724835** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **10330 N. Meridian St.** 2a. Mailing Address: 26 **P.O. Box 1976**

State, Apt. #, etc.: Suite, Apt. #, etc.: 27 **MS INH 260**

City & State: 23 **Indianapolis, IN** City & State: 28 **Indianapolis, IN**

Zip: 24 **46290** Country: 25 **US** Zip: 29 **46206-1976** Country: 30 **US**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0402 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am:

SIGNATURE _____

Signature of Registered Agent (Type or Print Name)

Date of Signature (Type or Print Date)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1. TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTAT, ALAIN	12. NAME	Prestat, Alain
STREET ADDRESS	10330 N. MERIDIAN ST.	13. STREET ADDRESS	10330 N. Meridian St.
CITY- ST- ZIP	INDIANAPOLIS IN	14. CITY- ST- ZIP	Indianapolis, IN
TITLE	VP <input type="checkbox"/> DELETE	2. TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, ROBERT	22. NAME	Campbell, Robert
STREET ADDRESS	10330 N. MERIDIAN ST.	23. STREET ADDRESS	10330 N. Meridian St.
CITY- ST- ZIP	INDIANAPOLIS IN	24. CITY- ST- ZIP	Indianapolis, IN
TITLE	VP <input type="checkbox"/> DELETE	3. TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAROY, ERIC	32. NAME	de la Tour, Baudouin
STREET ADDRESS	10330 N. MERIDIAN ST.	33. STREET ADDRESS	10330 N. Meridian St.
CITY- ST- ZIP	INDIANAPOLIS IN	34. CITY- ST- ZIP	Indianapolis, IN
TITLE	VPS <input type="checkbox"/> DELETE	4. TITLE	VP/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, WILLIAM F.	42. NAME	Marx, William F.
STREET ADDRESS	10330 N. MERIDIAN ST.	43. STREET ADDRESS	10330 N. Meridian St.
CITY- ST- ZIP	INDIANAPOLIS IN	44. CITY- ST- ZIP	Indianapolis, IN
TITLE	DOA <input type="checkbox"/> DELETE	5. TITLE	70000182905r <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEER, FRANK N.	52. NAME	-05/20/96--01039--026
STREET ADDRESS	10330 N. MERIDIAN ST.	53. STREET ADDRESS	***200.00
CITY- ST- ZIP	INDIANAPOLIS IN	54. CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6. TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, JOSEPH D.	62. NAME	Borrowman, Wayne B.
STREET ADDRESS	10330 N. MERIDIAN ST.	63. STREET ADDRESS	10330 N. Meridian St.
CITY- ST- ZIP	INDIANAPOLIS IN	64. CITY- ST- ZIP	Indianapolis, IN

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank N. Scheer

4/30/96

(317) 587-3336

CR2E034 (12/95)