


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0525946

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90225 041 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P17395**  
 1. Corporation Name  
**THOMSON CONSUMER ELECTRONICS, INC.**



Principal Place of Business 10330 N. MERIDIAN ST. INDIANAPOLIS IN 46290 US	Mailing Address PO BOX 1976 MS INH 260 INDIANAPOLIS IN 46206-1976
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country 25	29 Zip Country 30

3. Date Incorporated or Qualified 12/28/1987	
4. FEI Number 35-1724835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRETON, THIERRY		1.2 NAME	
STREET ADDRESS 10330 N. MERIDIAN ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN		1.4 CITY-ST-ZIP	
TITLE VP/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, ROBERT		2.2 NAME	
STREET ADDRESS 10330 N. MERIDIAN ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN		2.4 CITY-ST-ZIP	
TITLE VP/D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE LA TOUR, BAUDOIN		3.2 NAME	
STREET ADDRESS 10330 N. MERIDIAN ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN		3.4 CITY-ST-ZIP	
TITLE VPSD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIELTY, JOHN J		4.2 NAME	
STREET ADDRESS 10330 N MERIDAN ST		4.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN		4.4 CITY-ST-ZIP	
TITLE DOA	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEER, FRANK N.		5.2 NAME	
STREET ADDRESS 10330 N. MERIDIAN ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BORROWMAN, WAYNE B.		6.2 NAME	
STREET ADDRESS 10330 N. MERIDIAN ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: FRANK N. SCHEER **SIGNATURE REQUIRED** 4/26/99 (317) 587-3236  
 \_\_\_\_\_ Date Daytime Phone #

CR2E034 (11/98)