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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P17395

1. Corporation Name

THOMSON CONSUMER ELECTRONICS, INC.

Principal Place	of Rusiness	Mailing Address				(BISC DIST BISH TAN	SI MIMIE BIBLI M	INIC BINTI ENNI
		PO BOX 1976						
10330 N. Meridian St. Indianapolis in 46290		MS INH 260						
US		INDIANAPOLIS IN 46206-1976		DO NOT WRITE IN THIS SPACE				
					 Date Incorporated or Qualife 12/28/1987 	d		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21	•	26			35-1724835		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E. C. diference of Status Decised		\$8.75 /	Additional
22		27			5. Certifcate of Status Desired	<u></u>	Fee Re	quired
City & State	9	City & State			6. Election Campaign Financin	g 🗆	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the cu	•		_ }
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered A	lgent	
CT C	ODDODATION CYCTEM		8	Name				
	ORPORATION SYSTEM		82	Street A	ddress (P.O. Box Number is Not Accept	otable)		
	S. PINE ISLAND ROAD			1		,		
PLAN	ITATION FL 33324		8:	3		· · ·		
			84	City			85 Zip (Code
			"	City		FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abov	re-named c	orporation submits this statement for the	ne purpose of c	hanging its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au ations of, Section 607,0505, Flor	uthorized by rida Statute	y the corpo s.	ration's board of directors. I hereby acc	ept the appoin	imeni as re	gistered
	iii lailina tiiti, and adopt tiib oong-							
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered Age	ent signature re	uired when reinstating)	DATE		
12.	OFFICERS AN							
		ND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AND		-
TITLE	CD	ND DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO C	OFFICERS AND	DIRECTO Change	DRS IN 12
NAME					ADDITIONS/CHANGES TO C	OFFICERS AND		-
	CD		1.1 TITLE 1.2 NAME	ET ADDRESS	ADDITIONS/CHANGES TO C	OFFICERS AND		-
NAME	CD BRETON, THIERRY		1.1 TITLE 1.2 NAME	TADDRESS	ADDITIONS/CHANGES TO C	OFFICERS AND		☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

INDIANAPOLIS IN

