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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P28154** (3)  
1. Corporation Name  
**THOMSON PUBLISHING CORPORATION**

Principal Place of Business: 9889 WILLOW CREEK RD. SAN DIEGO CA 92131-1119  
Mailing Address: 9889 WILLOW CREEK RD. SAN DIEGO CA 92131-1119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/13/1990</b>		3a. Date of Last Report <b>04/13/1994</b>	
4. FEI Number <b>36-2849492</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
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	
24		25	
29		30	

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name **THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS STREET, SUITE 105**  
83 **TALLAHASSEE,**  
84 City **FL** 85 Zip Code **32301**

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

TITLE	PCD
NAME	MONARK, RONALD
STREET ADDRESS	9889 WILLOW CRK RD
CITY - ST - ZIP	SAN DIEGO CA
TITLE	CFOE
NAME	OAKES, PETER
STREET ADDRESS	9889 WILLOW CRK RD
CITY - ST - ZIP	SAN DIEGO CA
TITLE	VPS
NAME	HARRIS, MICHAEL
STREET ADDRESS	ONE STATION PL
CITY - ST - ZIP	STAMFORD CT
TITLE	CD
NAME	SHELTON, JERRY
STREET ADDRESS	ONE STATION PLACE
CITY - ST - ZIP	STAMFORD CT
TITLE	D
NAME	CHIPPARI, VINNY
STREET ADDRESS	ONE STATION PL
CITY - ST - ZIP	STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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, my receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this form as an officer or director with an address.

SIGNATURE:  EXEC. VP / CFO **2/28/95** (619) 578-6550  
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR