

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

PROFIT CORPORATION ANNUAL REPORT 1996



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**

3. Date Incorporated or Qualified: **02/13/1990**  
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>36-2849492</b>	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONARK, RONALD</b>	1.2 NAME	
STREET ADDRESS	<b>9889 WILLOW CRK RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CFOE</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OAKES, PETER</b>	2.2 NAME	<b>EXEC. VP/CFO</b>
STREET ADDRESS	<b>9889 WILLOW CRK RD</b>	2.3 STREET ADDRESS	<b>MICHAEL HOWARD</b>
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	2.4 CITY-ST-ZIP	<b>9889 WILLOW CREEK ROAD</b>
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>ONE STATION PL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELTON, JERRY</b>	4.2 NAME	
STREET ADDRESS	<b>ONE STATION PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHIPPARI, VINNY</b>	5.2 NAME	
STREET ADDRESS	<b>ONE STATION PL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 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, on an attachment with an address.

SIGNATURE *[Signature]* EXEC VP/CFO **4/30/96** (619) 578-6550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the Month, & Year

CR2E034 (12/95)