

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

FILED  
Feb 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/13/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>36-2849492</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE FL 32301**

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

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	PCD <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	VCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>9889 WILLOW CREEK RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN DIEGO CA</b>	2.4 CITY - ST - ZIP	
TITLE	VPS <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	CD <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	D <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 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.

SIGNATURE: \_\_\_\_\_

**RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 (619)578-6550

CR2E034 (9/96)