


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/13/1990	
4. FEI Number 36-2849492	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input 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	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PCD <input checked="" type="checkbox"/> DELETE
NAME	MONARK, RONALD
STREET ADDRESS	9889 WILLOW CRK RD
CITY - ST - ZIP	SAN DIEGO CA
TITLE	VCFO <input checked="" type="checkbox"/> DELETE
NAME	HOWARD, MICHAEL
STREET ADDRESS	9889 WILLOW CREEK RD
CITY - ST - ZIP	SAN DIEGO CA
TITLE	VPS <input type="checkbox"/> DELETE
NAME	HARRIS, MICHAEL
STREET ADDRESS	ONE STATION PL
CITY - ST - ZIP	STAMFORD CT
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	SHELTON, JERRY
STREET ADDRESS	ONE STATION PLACE
CITY - ST - ZIP	STAMFORD CT
TITLE	D <input type="checkbox"/> DELETE
NAME	CHIPPARI, VINNY
STREET ADDRESS	ONE STATION PL
CITY - ST - ZIP	STAMFORD CT
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRES/CEO/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES LINDNER
1.3 STREET ADDRESS	9889 WILLOW CREEK RD.
1.4 CITY - ST - ZIP	SAN DIEGO, CA 92131
2.1 TITLE	VP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL ROSE
2.3 STREET ADDRESS	9889 WILLOW CREEK RD.
2.4 CITY - ST - ZIP	SAN DIEGO, CA 92131
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	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOB BECKER
4.3 STREET ADDRESS	500 VICTORY RD.
4.4 CITY - ST - ZIP	NORTH QUINCY, MA 02043
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

[Signature] **REQUIRE**

(619) 578-6550

CR2E034 (10/97)