

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

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/13/1990**

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	4. FEI Number <b>36-2849492</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24		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 <b>THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <del>PCB</del>	<del>MONARK, RONALD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRES/CEO/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>MONARK, RONALD</del>		1.2 NAME JAMES LINDNER	
STREET ADDRESS <del>9889 WILLOW CRK RD</del>		1.3 STREET ADDRESS 9889 WILLOW CREEK RD.	
CITY - ST - ZIP <del>SAN DIEGO CA</del>		1.4 CITY - ST - ZIP SAN DIEGO, CA 92131	
TITLE <del>VCEO</del>	<del>HOWARD, MICHAEL</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>HOWARD, MICHAEL</del>		2.2 NAME PAUL ROSE	
STREET ADDRESS <del>9889 WILLOW CREEK RD</del>		2.3 STREET ADDRESS 9889 WILLOW CREEK RD.	
CITY - ST - ZIP <del>SAN DIEGO CA</del>		2.4 CITY - ST - ZIP SAN DIEGO, CA 92131	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, MICHAEL		3.2 NAME	
STREET ADDRESS ONE STATION PL		3.3 STREET ADDRESS	
CITY - ST - ZIP STAMFORD CT		3.4 CITY - ST - ZIP	
TITLE <del>CD</del>	<del>SHELTON, JERRY</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>SHELTON, JERRY</del>		4.2 NAME BOB BECKER	
STREET ADDRESS <del>ONE STATION PLACE</del>		4.3 STREET ADDRESS 500 VICTORY RD.	
CITY - ST - ZIP <del>STAMFORD CT</del>		4.4 CITY - ST - ZIP NORTH QUINCY, MA 02043	
TITLE D	CHIPPARI, VINNY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIPPARI, VINNY		5.2 NAME	
STREET ADDRESS ONE STATION PL		5.3 STREET ADDRESS	
CITY - ST - ZIP STAMFORD CT		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 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:** \_\_\_\_\_ **REQUIRE** (619) 578-6550

CR2E084 (10/97)