



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1313
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109051		2. Name of Corporation CCH Incorporated		
3. Street Address Principal Business Office 2700 Lake Cook Rd		City Riverwoods	State IL	Zip 60015
4. Business Phone No.		5. State of Incorporation DELAWARE		6. SIC Code 851
7. Brief Description of the Character of Business Conducted in Rhode Island PRODUCES, SELLS AND DISTRIBUTES TAX AND BUSINESS LAW INFORMATION AND SOFTWARE FOR ACCOUNTING, LEGAL, HUMAN RESOURCES, SECURITIES, INSURANCE, HEALTHCARE AND SMALL BUSINESS PROFESSIONALS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert Becker		Vice President Name Dale C. Gordon		
Street Address 2700 Lake Cook Rd		Street Address 2700 Lake Cook Rd		
City Riverwoods	State IL	Zip 60015	City Riverwoods	State IL
Secretary Name Bruce C. Lanz	Treasurer Name Douglas Winterrose			
Street Address 2700 Lake Cook Rd		Street Address 2700 Lake Cook Rd		
City Riverwoods	State IL	Zip 60015	City Riverwoods	State IL
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Christopher Cartwright		Director Name Nancy P. McKinstry		
Street Address 111 Eighth Ave 13th Fl		Street Address 111 Eighth Ave 13th Fl		
City NY	State NY	Zip 10011	City NY	State NY
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
5,000 COMM NO PAR VALUE, 5,000 PREF NO PAR VALUE			1000	Common
			1000	Pref
				no par
				no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



109051

File Date 2-7-05
Check No. 1000002246
By: KTB
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Officer
Dale C. Gordon
Print or Type Name of Officer
VP

12/6-05
Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-133
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109051	2. Name of Corporation CCH Incorporated		
3. Street Address Principal Business Office 2700 Lake Cook Road		City Riverwoods	State IL
4. Business Phone No. 847-267-7000		5. State of Incorporation DELAWARE	6. SIC Code 851

7. Brief Description of the Character of Business Conducted in Rhode Island
PRODUCES, SELLS AND DISTRIBUTES TAX AND BUSINESS LAW INFORMATION AND SOFTWARE FOR ACCOUNTING, LEGAL, HUMAN RESOURCES, SECURITIES, INSURANCE, HEALTHCARE AND SMALL BUSINESS PROFESSIONALS

8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Robert Becker	Vice President Name Dale C. Gordon
Street Address 2700 Lake Cook Rd	Street Address 1101 N Clark St 48th fl
City Riverwoods State IL Zip 60015	City Chgo State IL Zip 60601
Secretary Name Bruce C. Lenz	Treasurer Name Eva S. Tarr
Street Address 1101 N Clark St 48th fl	Street Address 1101 N Clark St 48th fl
City Chgo State IL Zip 60601	City Chgo State IL Zip 60601

9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Nancy P. McKinstry	Director Name Christopher Cartwright
Street Address 111 Eighth Ave Bth fl	Street Address 111 Eighth Ave 13th fl
City New York State NY Zip 10011	City New York State NY Zip 10011

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
3,000	COMM	NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES

Number of Shares	Class/Series	Par Value
1500	Common	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 9 0 5 1 *

File Date **RECEIVED**
Check No. **FEB 02 2004**
By: **BY [Signature]**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.
[Signature]
Signature of Officer
Dale C. Gordon
Print or Type Name of Officer
Vice President
Date **1/22/04**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **109051**
2. Name of Corporation **CCH Incorporated**
3. Street Address Principal Business Office
2700 Lake Cook Rd
4. Business Phone No. **847-267-7000**
5. State of Incorporation **DELAWARE**
7. Brief Description of the Character of Business Conducted in Rhode Island
Publishing

City **Riverwoods** State **IL** Zip **60015**
6. SIC Code **851**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **vacant**
Street Address
City State Zip

Vice President Name **Bruce C. Lenz**
Street Address **161 N Clark St 48th fl**
City **Chicago** State **IL** Zip **60601**
Treasurer Name **Bruce C. Lenz**
Street Address **161 N Clark St 48th fl**
City **Chicago** State **IL** Zip **60601**

Secretary Name **Bruce C. Lenz**
Street Address **161 N Clark St 48th fl**
City **Chicago** State **IL** Zip **60601**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Nancy P. McKinstry**
Street Address **410 Park Ave**
City **New York** State **NY** Zip **10022**

Director Name **Hugh J. Farrington**
Street Address **536 Walnut Street**
City **Philadelphia** State **PA** Zip **19106**

Street Address
City State Zip

Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
3,000	COMM	NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
1,000	Common	NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 9 0 5 1 *

File Date: **3-11-03**
Check No.: **14051**
By: **IUP**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **[Signature]** Date **1/29/03**
Print or Type Name of Officer **Dale C. Gordon**
Lee S. Sorrentino

ATTACHMENT

Dale C. Gordon
Assistant Secretary
161 N. Clark Street
48th floor
Chicago, IL 60601

Peter F. Healy
Assistant Treasurer
161 N. Clark Street
48th floor
Chicago, IL 60601



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109051** 2. Name of Corporation **CCH Incorporated**
3. Street Address Principal Business Office **161 N Clark St, 48th floor** City **Chicago** State **IL** Zip **60601**
4. Business Phone No. **312-425-7045** 5. State of Incorporation **DELAWARE** 6. SIC Code **851**

7. Brief Description of the Character of Business Conducted in Rhode Island
Legal, Tax Business Publishing

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Rebecca K. Hensley**
Street Address **2700 Lakecook Rd**
City **Riverwoods** State **IL** Zip **60015**

Vice President Name **none**
Street Address **none**
City **none** State **none** Zip **none**

Secretary Name **Bruce C. Lenz**
Street Address **161 N Clark Street 48th floor**
City **Chg** State **IL** Zip **60601**

Treasurer Name **Bruce C. Lenz**
Street Address **161 N Clark St, 48th floor**
City **Chg** State **IL** Zip **60601**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Rebecca K. Hensley**
Street Address **2700 Lakecook Rd**
City **Riverwoods** State **IL** Zip **60015**

Director Name **Hugh J. Yarrington**
Street Address **161 N Clark St, 48th floor**
City **Chg** State **IL** Zip **60601**

Director Name **na**
Street Address **na**
City **na** State **na** Zip **na**

Director Name **na**
Street Address **na**
City **na** State **na** Zip **na**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
3,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 common npv

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 9 0 5 1 *

File Date **2-19-02**
Check No. **12432**
By: **[Signature]**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] **2/5/02**
Signature of Officer Date
Dale C. Gordon
Print or Type Name of Officer
next number

ATTACHMENT

Dale C. Gordon
Assistant Secretary
161 N. Clark Street
48th floor
Chicago, IL 60601

Peter F. Healy
Assistant Treasurer
161 N. Clark Street
48th floor
Chicago, IL 60601



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109051** 2. Name of Corporation **CCH Incorporated**

3. Street Address Principal Business Office **2700 Lake Cook Road** City **Riverwoods** State **IL** Zip **60015**

4. Business Phone No. **312-425-7046** 5. State of Incorporation **DELAWARE** 6. SIC Code **851**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sale of Topical Law Reports

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Rebecca K. Hensley	Vice President Name NONE
Street Address 2700 Lake Cook Road	Street Address
City Riverwoods State IL Zip 60015	City State Zip

Secretary Name Bruce C. Lenz	Treasurer Name Bruce C. Lenz
Street Address 161 N. Clark St. Ste. 4800	Street Address 161 N. Clark St. Ste. 4800
City Chicago State IL Zip 60601	City Chicago State IL Zip 60601

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Jean M. Detaillieur	Director Name Hugh J. Yarrington
Street Address Apolloolaan 153 1070 AE Amsterdam	Street Address 161 N. Clark St. Ste. 4800
City THE NETHERLANDS State Zip	City Chicago State IL Zip 60601

Director Name Rebecca K. Hensley	Director Name NONE
Street Address 2700 Lake Cook Road	Street Address
City Riverwoods State IL Zip 60015	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
3,000	COMM	NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
1,000	Common	\$0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



* 1 0 9 0 5 1 *

FILED

File Date _____

FEB 07 2001

Check No. _____

By **CC 08731**

By _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Dale C. Gordon
Signature of Officer _____ Date **1/11/01**

Dale C. Gordon
Print or Type Name of Officer _____

Assistant Secretary

Attachment to Annual Report

Corporate ID No:
109051

Dale C. Gordon
Assistant Secretary
161 N. Clark Street #4800
Chicago, IL 60601

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 109051 2. Name of Corporation CCH Incorporated

3. Street Address Principal Business Office 2700 Lake Cook Road

City: Riverwoods State: Illinois Zip: 60015
6. SIC Code: 0851

4. Business Phone No. (312) 425-7000 5. State of Incorporation DELAWARE

7. Brief Description of the Character of Business Conducted in Rhode Island

Sale of Topical Law Reports

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Rebecca K. Hensley
Street Address: 2700 Lake Cook Road
City: Riverwoods State: Illinois Zip: 60015

Vice President Name: None
Street Address: None
City: State: Zip:

Secretary Name: Bruce C. Lenz
Street Address: 161 N. Clark Street, Suite 4800
City: Chicago State: Illinois Zip: 60601

Treasurer Name: Bruce C. Lenz
Street Address: 161 N. Clark Street, Suite 4800
City: Chicago State: Illinois Zip: 60601

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Rebecca K. Hensley
Street Address: 2700 Lake Cook Road
City: Riverwoods State: Illinois Zip: 60015

Director Name: Hugh J. Yarrington
Street Address: 161 N. Clark Street, Suite 4800
City: Chicago State: Illinois Zip: 60601

Director Name: C.H. van Kempen
Street Address: Apollolaan 153, 1070 AE Amsterdam
City: The Netherlands State: Zip:

Director Name: None
Street Address: None
City: State: Zip:

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
3,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 9 0 5 1 *

File Date: 9/5/00

Check No.: 7564

By: GWS

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Dale C. Gordon Date: February 28, 2000

Dale C. Gordon
Print or Type Name of Officer
Assistant Secretary
Title of Officer

DETACH BOTTOM BEFORE RETURNING

Form 630 12/96

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 640, along with a \$20.00 fee must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site, www.state.ri.us/corpforms.htm.

CT CORPORATION SYSTEM
10 WEYBOSSET STREET
PROVIDENCE, RI 02903

00: WJ IS 1 11
RECEIVED
SECRETARY OF STATE

RETAIN FOR YOUR RECORDS
CORP# 109051
CCH Incorporated

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, RI 02903-1335

ATTACHMENT TO ANNUAL REPORT

RE: Corporation ID No: 109051 CCH Incorporated

<u>Dale C. Gordon</u>	<u>Assistant Secretary</u>
Name of Officer	Title of Officer