

# 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, RL02903-1335 401 222 3040

| Corporate ID As                               | 2 Name of Corpore                       | tton                     |                           |                     |              |  |
|---|---|--------------------------|---------------------------|---------------------|--------------|--|
| 114369  | Thomson Pr                              | ofessional & Regulatory  | Inc.                      |                     |              |  |
| Street Address Principal Bus                  |   |                          | ciń                       | State               | Zip<br>75006 |  |
| 2395 Midway R<br>Business Phone No.           | oad, Bldg, l                            | 5 State of Incorporation | Carrollton                | Tx                  | 75006        |  |
|   |   | 1 ' '                    | r                         |                     | 7872         |  |
| 972-250-7000<br>Brief Description of the Chai | ra ver A Basmess Conductor              | TEXAS Un Rhode Island    | <del></del>               |                     |              |  |
| SELL PRODUCTS                                 | AND SERVICES TO IT                      | S CUSTOMERS              |                           |                     |              |  |
| NAMES AND ADDRE                               | SSES OF THE OFFICE                      | RS: ("X" BOX FOR AT      | TACHMENT) ] FILL IN       | SPACES BEFORE USIN  | IG ATTACHMEN |  |
| esident Name                                  |   |                          | Vice President Name       |                     |              |  |
| Roy Martin                                    |   |                          | Robert Gibney             |                     |              |  |
| roet Address                                  |   |                          | Street Address            |                     |              |  |
| 395 Hudson Stre                               | γ                                       |                          | 395 Hudson Stre           | <del></del>         | ·            |  |
| n<br>New York                                 | State: NY                               | 10014                    | New York                  | State<br>NY         | 10014        |  |
| cretar, Name                                  | I                                       | 1                        | Treasurer Name            |                     |              |  |
| Deirdre Stanley                               |   |                          | Charles W. Hill           |                     |              |  |
| root Address                                  |   |                          | Street Address            |                     |              |  |
| One Station Pla                               | ce                                      |                          | 2395 Midway Road, Bldg. 1 |                     |              |  |
| <i>it</i> p                                   | State                                   | Zψ                       | $Cu_{Y}$                  | State               | Zip          |  |
| Stamford                                      | CT                                      | 06902                    | Carrollton                | Тx                  | 7500€        |  |
|   | SSES OF THE DIREC                       | TORS: ("X" BOX FOR A     |                           | IN SPACES BEFORE US | ING ATTACHMI |  |
| rector Name                                   |   |                          | Director Name             |                     |              |  |
| <u>Deirdre Stanley</u><br>vertAddress         | <u>'</u>                                |                          | Stroet Address            |                     |              |  |
|   |   |                          |                           |                     |              |  |
| <u>One Station Pla</u>                        | State                                   | Zψ                       | Citi                      | State               | Zψ           |  |
| Stamford                                      | СТ                                      | 06902                    |                           |                     |              |  |
| nector Name                                   | *************************************** |                          | Director Name             |                     |              |  |
| <u> </u>                                      |   |                          | <u> </u>                  |                     |              |  |
| Street Address                                |   |                          | Street Address            |                     |              |  |
| nı  | State                                   | Zψ                       | City                      | State               | Zip          |  |
| 0. SHARES AUTHORIS                            | <br>ZED                                 | <br>ATTACHMENT) [        | 11. SHARES ISSUED         | ("X" BOX FOR ATTAC  | <br>HMENT)   |  |
| UTHORIZED SHARES                              | ·····                                   | <u> </u>                 | ISSUED SHARES             |                     |              |  |
| umber of Shares                               | Class Series                            | Par Value                | Number of Shares          | Class Series        | Par Value    |  |
| 1,000 COMM \$0.01 PAR VALUE                   |   | 100                      | Соттол                    |                     |              |  |
| 1,000 COMM \$0.01 PA                          |   |                          |                           |                     |              |  |

|                           | *114369*                                | Under penalty of perjury, I declare and at including any accompanying schedules a | firm that I have examined this report, and statements, and that all statements |
|---------------------------|---|---|--|
| File Date FILE            |   | contained herein are true and correct.  Signature of Officer                      | Vill 2/2445  |
| Check No <b>FEB 2 8</b> 2 | 905———————————————————————————————————— | Charles W. Hill Print or Type Name of Officer                                     |  |
| FOR SECRETARY OF STATE U  | SE ONLY                                 | Treasurer Tale of Officer   | Form 630 Rev. 12/03  |



#### 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 62903-1335 401 222 3040

### 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. 2 Name of Corporation 114369 Thomson Professional & Regulatory Inc. 3 Street Address Principal Business Office State عب 75006 Carrollton TX2395 Midway Road, Bldg. 4. Business Phone No. 5 State of Incorporation 6 SIC Gode 7872 972-250-7000 **TEXAS** Brief Description of the Character of Business Conducted in Rhode Island SELL PRODUCTS AND SERVICES TO ITS CUSTOMERS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Peter Warwick Robert Gibney Street Address Street Address 395 Hudson Street 395 Hudson Street State Zip State New York 10014 New York NY 10014 NY Secretary Name Treasurer Name Deirdre Stanley <u>Charles W. Hill</u> Street Address Street Address 2395 Midway Road, Bldg. 1 One Station Place State Cay75006 TX CT06902 Stamford Carrollton 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Deirdre Stanley Street Address Street Address One Station Place State  $Z\psi$ Stamford 06902 Director Name Street Address Street Address State City  $Z \phi$ State  $Z_{i}p$ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 Common 1,000 COMM \$0.01 PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| File Date 2.03.04               | • |
|---------------------------------|---|
| Check No 10(15905               |   |
| By:                             |   |
| FOR SECRETARY OF STATE USE ONLY |   |

| Under penalty of perjury, I declare and aff including any acgoinpanying schedules an | ,                   |
|--|---------------------|
| contained herein are true and correct.   | 2/17/04             |
| <br>Signature of Officer   | Date                |
| Charles W. Hill Print or Type Name of Officer  |                     |
| Treasurer  |                     |
| <br>Title of Officer   | Form 630 Rev. 12/03 |

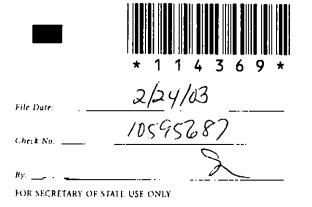


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u> Filing Period: January 1-March 1 • Filing Fee: \$50.00

CEORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2 Name of Corporation Thomson Professional & Regulatory Inc. 114369 3. Street Address Principal Business Office State Žφ 75006 2395 Midway Road, Bldg. 1 TXCarrollton 4. Business Phone No 5. State of Incorporation 6 SIC Code 7872 **TEXAS** 972-250-7000 7 Brief Description of the Churacter of Business Conducted in Rhode Island Software Sales & Information 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Peter Warwick Guy Daubert Street Address Stiret Address 395 Hudson Street 395 Hudson Street New York Zip 10014 10014 New York NY Secretary Name Deirdre Stanley Charles W. Hill Street Address Street Address One Station Place 2395 Midway Road City State 06902 Stamford CT Carrollton TX 75006 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Deirdre Stanley Street Address Street Address One Station Place City Zip Stamford CT06902 Director Name Director Name Street Address Street Address City Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value Class/Series 1,000 COMM \$0.01 PAR VALUE 100 Common

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



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.

Charles W. Hill Print or Type Name of Officer

T<u>reasurer</u> Title of Officer 4 2 5

Form 630 12/92

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INVERDICTIONS

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

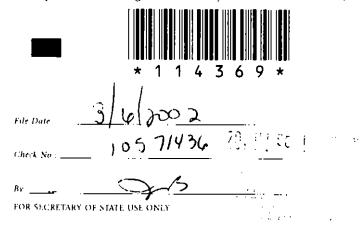
2 Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

| 114369                         | Thomson P                       | rofessional & Regulatory | Inc.                    |                         |             |  |  |
|--------------------------------|---------------------------------|--------------------------|-------------------------|-------------------------|-------------|--|--|
| l. Street Address Principal Bu | siness Office                   |                          | City                    | State                   | Zip         |  |  |
| 2395 Midway                    | Road                            |                          | Carrollton              | Тх                      | 75006       |  |  |
| Rusiness Phone No              |                                 | 5 State of Incorporation |                         |                         | 6. SIG Code |  |  |
| 972-250-7000                   |                                 | TEXAS                    |                         |                         | 7872        |  |  |
| Buef Description of the Ch.    | iracter of Rusiness Conducted i | on Rhode Island          |                         |                         |             |  |  |
| Software Sal                   | es & Informat                   | ion Services             |                         |                         |             |  |  |
| B. NAMES AND ADD               | RESSES OF THE OFF               | ICERS ("X" BOX FOR ATTA  | CHMENT) FILL IN SPACES  | BEFORE USING ATTACH     | IMENTS      |  |  |
| tesident Name                  |                                 |                          | Vice President Name     |                         |             |  |  |
| Peter Warwic                   | k                               |                          | Guy Daubert             |                         |             |  |  |
| treet Address                  |                                 |                          | Street Address          |                         |             |  |  |
| 395 Hudson S                   | treet                           |                          | 395 Hudson St           | reet                    |             |  |  |
| Suy                            | State                           | Zip                      | City                    | State                   | Zip         |  |  |
| low York                       | и. У.                           | 10014                    | N.Y.                    | New York                | 10014       |  |  |
| ecretary Name                  |                                 |                          | Treasurer Name          |                         |             |  |  |
| Michael S. H                   | arris                           |                          | Charles W. Hill         |                         |             |  |  |
| treet Address                  |                                 |                          | Street Address          |                         |             |  |  |
| One Station                    | Place                           |                          | 2395 Midway 1           | Road                    |             |  |  |
| Suy                            | State                           | Zip                      | City                    | State                   | Zip         |  |  |
| Stamford                       | CT.                             | 06902                    | Carrollton              | тх.                     | 75006       |  |  |
| . NAMES AND ADD                | RESSES OF THE DIR               | ECTORS ("X" BOX FOR AT   | TACHMENT) FILL IN SPACE | ES BEFORE USING ATTA    | CHMENTS     |  |  |
| Duector Name                   |                                 |                          | Director Name           |                         |             |  |  |
| Kichael S. H.                  | arris                           |                          |                         |                         |             |  |  |
| treet Address                  |                                 |                          | Street Address          |                         |             |  |  |
| ne Station                     | Place                           |                          |                         |                         |             |  |  |
| lit)                           | State                           | Zip                      | Gity                    | State                   | Zip         |  |  |
| Stamford                       | CТ.                             | 06902                    |                         |                         |             |  |  |
| irector Name                   |                                 |                          | Director Name           |                         |             |  |  |
|                                |                                 |                          |                         |                         |             |  |  |
| treet Address                  |                                 |                          | Street Address          |                         |             |  |  |
|                                |                                 |                          |                         |                         |             |  |  |
| uty                            | State                           | Zip                      | City                    | State                   | Zip         |  |  |
| O. SHARES AUTHOR               | HZED ("X" BOX FOR ATT           | ACHMENT)                 | 11. SHARES ISSUED (     | 'X" BOX FOR ATTACHMENT) | •           |  |  |
| UTHORIZID SHARES               |                                 |                          | ISSUTED SHARES          |                         |             |  |  |
| umber of Shares                | Class/Series                    | Par Value                | Number of Shares        | Class/Series            | Par Value   |  |  |
| 100 COMM \$.01 PAR             | VALUE                           |                          | 1.00                    |                         |             |  |  |
|                                |                                 |                          | 100                     | Common                  |             |  |  |

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



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

Charles W. Hill Print or Type Name of Officer

Title of Officer

Treasurer

-Form (30 | 1201 | \

·Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

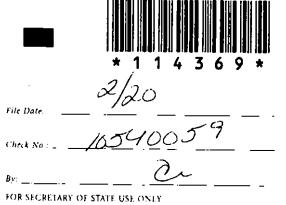
| (FORM MUST BE TYPED IN BLAC                                  | (K)                   | ,,                          |   |                |                      |
|--|-----------------------|-----------------------------|---|----------------|----------------------|
| 1 Corporate ID No. 114369                                    | 2 Name of Corporation | ration<br>Professional & Re | gulatory Inc.                           |                |                      |
| 3. Street Address Principal Business C                       | Office                |                             | City                                    | State          | Zip                  |
| 2395 Midway Road 4 Business Phone No.                        |                       | 5 State of Incorporation    | Carrollton                              | TX             | 75006<br>6. SIC Code |
| 972-250-7000  2. Brief Description of the Character of       | of Business Conducted | TEXAS  In Rhode Island      |   |                | 7872                 |
| Software Sales & I<br>8. NAMES AND ADDRESS<br>President Name |                       |                             |   | FORE USING ATT | ACHMENTS             |
| Peter Warwick Street Address                                 |                       |                             | James J. Charles  Street Address        |                |                      |
| 375 Hudson Street  | State                 | Zip                         | 2395 Midway Road                        | State          | Lip                  |
| New York<br>Secretary Name                                   | N.Y.                  | 10014                       | Carrollton Treasurer Name               | TX.            | 75006                |
| Michael S. Harris Street Addiess                             |                       |                             | Charles W. Hill Street Address          |                |                      |
| One Station Place  | State                 | Zip                         | 2395 Midway Road                        |                |                      |
| Stamford   | CT.                   | 06902                       | Carrollton                              | TX.            | 5006ڑ <sup>2</sup> ' |
| 9. NAMES AND ADDRESS Director Name                           | ES OF THE DIR         | RECTORS ("X" BOX FOR ATTA   | CHMENT) FILL IN SPACES B  Director Name | EFORE USING A  | <b>TTACHMENTS</b>    |
| Michael S. Harris Street Address                             |                       |                             | Street Address                          |                |                      |
| One Station Place  | State                 | Zip                         | Čity                                    | State          | Дір                  |
| Stamford Director Name                                       | CT.                   | 06902                       | Director Name                           |                |                      |
| Street Address   |                       |                             | Street Address                          |                |                      |
| City   | State                 | Zip                         | City                                    | State          | Zsp                  |

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

ISSUED SHARES

Number of Shares

100



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

100 COMM \$.01 PAR VALUE

Class/Series

Par Value

AUTHORIZED SEARES

Number of Shares

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.

Class/Series

common

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

<u>Charle</u>s W. Hill Print or Type Name of Officer

Treasurer

Title of Officer

Par Value