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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 854865

(3)

1. Corporation Name
THE NEW YORK TIMES COMPANY



Principal Place of Business
**229 WEST 43RD ST
NEW YORK NY 10036**

Mailing Address
**229 WEST 43RD ST
NEW YORK NY 10036-3913**

3. Date Incorporated or Qualified
12/03/1982

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-1102020

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

6. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SULZBERGER, ARTHUR O.	
STREET ADDRESS	229 WEST 43RD ST	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GORHAM, DAVID L	
STREET ADDRESS	229 WEST 43RD ST	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CORWIN, LAURA J	
STREET ADDRESS	229 WEST 43RD ST	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PRIMIS, LANCE R	
STREET ADDRESS	229 WEST 43RD STREET	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DARROW, KATHARINE P	
STREET ADDRESS	229 WEST 43RD STREET	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GATTI, FRANK R	
STREET ADDRESS	229 WEST 43RD STREET	
CITY-ST-ZIP	NEW YORK NY 10036	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIANE P. BAKER
2.3 STREET ADDRESS	229 W 43rd ST.
2.4 CITY-ST-ZIP	NEW YORK NY 10036
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Russell T. Lewis
4.3 STREET ADDRESS	229 W 43RD ST.
4.4 CITY-ST-ZIP	NEW YORK NY 10036
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 checked="" type="checkbox"/> Addition
6.2 NAME	John M. O'BRIEN
6.3 STREET ADDRESS	229 W 43rd ST
6.4 CITY-ST-ZIP	NEW YORK NY 10036

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: *Rhonda L. Brauer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212-556-7127
Date Day/Mo/Year

CR2E034 (9/96)

The New York Times Company

Additional Officer:

Assistant Secretary
Rhonda L. Brauer
229 W. 43rd Street
New York, NY 10036