

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

**FILED**  
**May 15 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 # 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22 City & State		27 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified  
**12/03/1982**

4. FEI Number: **13-1102020** Applied For:  Not Applicable:

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<b>CD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SULZBERGER, ARTHUR O.</b>	1.2 NAME	<b>Sulzberger, Arthur O. JR</b>
STREET ADDRESS	<b>229 WEST 43RD ST</b>	1.3 STREET ADDRESS	<b>229 W 43d ST</b>
CITY-ST-ZIP	<b>NEW YORK NY 10036</b>	1.4 CITY-ST-ZIP	<b>New York, NY 10036</b>
TITLE	<b>V</b>	2.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAKER, DIANE P</b>	2.2 NAME	<b>TAUS, ELLEN</b>
STREET ADDRESS	<b>229 WEST 43RD ST</b>	2.3 STREET ADDRESS	<b>229 W 43d ST</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	<b>New York, NY 10036</b>
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORWIN, LAURA J</b>	3.2 NAME	
STREET ADDRESS	<b>229 WEST 43RD ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10036</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b>	4.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, RUSSELL T</b>	4.2 NAME	<b>Lewis, Russell T.</b>
STREET ADDRESS	<b>229 WEST 43RD STREET</b>	4.3 STREET ADDRESS	<b>229 W 43rd ST</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	<b>New York, NY 10036</b>
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARROW, KATHARINE P</b>	5.2 NAME	
STREET ADDRESS	<b>229 WEST 43RD STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10036</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, JOHN M</b>	6.2 NAME	
STREET ADDRESS	<b>229 WEST 43RD STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	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)(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: \_\_\_\_\_

CR2E034 (10/97)