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APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

95 MAY -1 AM 3:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 857934 (4)

1. Corporation Name

MEREDITH CORPORATION

Principal Place of Business	Mailing Address
1716 LOCUST STREET DES MOINES IA 50309-023 US	1716 LOCUST STREET DES MOINES IA 50309-023 US

3. Date Incorporated or Qualified: 09/29/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 42-0410230 [ ] 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 has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 50309-3023 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 50309-3023 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502, 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 sections 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	PD [X] Change [ ] Addition
NAME	REHM, JACK D.	NAME	Kerr, William T
STREET ADDRESS	2913 DRUID HILL DR.	STREET ADDRESS	3200 Elmwood Dr
CITY-ST-ZIP	DES MOINES IA	CITY-ST-ZIP	Des Moines, IA
TITLE	V	TITLE	[ ] Change [ ] Addition
NAME	HARTSOOK, LARRY D.	NAME	
STREET ADDRESS	615 SOUTHFORK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WAUKEE IA	CITY-ST-ZIP	
TITLE	S	TITLE	S [X] Change [ ] Addition
NAME	FISHER, THOMAS G.	NAME	Slaughter, Thomas L
STREET ADDRESS	5005 SW 68TH COURT	STREET ADDRESS	7028 Holcomb
CITY-ST-ZIP	WEST DES MOINES IA	CITY-ST-ZIP	Des Moines IA
TITLE	T	TITLE	[ ] Change [ ] Addition
NAME	SELL, MICHAEL A	NAME	
STREET ADDRESS	12891 UNIVERSITY AVE	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	CITY-ST-ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	BURNETT, ROBERT A.	NAME	
STREET ADDRESS	2942 SIOUX COURT	STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	CITY-ST-ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	HENRY, FREDERICK B.	NAME	
STREET ADDRESS	1657 ART SCHOOL BOARD	STREET ADDRESS	
CITY-ST-ZIP	CHESTER SPRINGS PA	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael A. Sell — 4/21/95 — (515) 284-3539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477622 FP