FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 FEB -7 AM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857934** **(4)**

1. Corporation Name

MEREDITH CORPORATION

Principal Place of Business	Mailing Address
1716 LOCUST STREET DES MOINES IA 50309-3023 US	1716 LOCUST STREET DES MOINES IA 50309-3023 US

3. Date Incorporated or Qualified: **09/29/1983**
3a. Date of Last Report: **05/01/1995**

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

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

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 ☐ Yes ☐ No

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 607.1505, 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(S) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KERR, WILLIAM T.		1.2 NAME	800001710258
STREET ADDRESS	3200 ELMWOOD DR.		1.3 STREET ADDRESS	-02/08/96--01045--010
CITY-ST-ZIP	DES MOINES IA		1.4 CITY-ST-ZIP	****200.00 ****200.00
2 TYPE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARTSOOK, LARRY D.		2.2 NAME	
STREET ADDRESS	615 SOUTHFORK DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUKEE IA		2.4 CITY-ST-ZIP	
3 TYPE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SLAUGHTER, THOMAS L.		3.2 NAME	
STREET ADDRESS	7028 HOLCOMB		3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA		3.4 CITY-ST-ZIP	
4 TYPE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SELL, MICHAEL A		4.2 NAME	
STREET ADDRESS	12891 UNIVERSITY AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA		4.4 CITY-ST-ZIP	
5 TYPE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BURNETT, ROBERT A.		5.2 NAME	
STREET ADDRESS	2942 SIOUX COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA		5.4 CITY-ST-ZIP	
6 TYPE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, FREDERICK B.		6.2 NAME	
STREET ADDRESS	1657 ART SCHOOL BOARD		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTER SPRINGS PA		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Thomas L. Slaughter 1-22-96 515-284-3056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas L. Slaughter