

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90288 001 ****43.75
 04-25-2001 90288 002 ****150.00

0442402

DOCUMENT # F93000000025

1. Entity Name

NYT SPECIAL SERVICES, INC.

Principal Place of Business

Mailing Address

5520 PARK AVENUE
 P.O. BOX 395
 TRUMBULL CT 06611-0395

C/O LEGAL DEPT.
 229 WEST 43RD STREET
 NEW YORK NY 10036

39049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1355963

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FORMAN, LEONARD P	
STREET ADDRESS	229 W 43RD ST	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORWIN, LAURA J	
STREET ADDRESS	229 WEST 43RD ST.	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'BRIEN, JOHN M	
STREET ADDRESS	229 WEST 43RD ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LESSERSON, JAMES C	
STREET ADDRESS	229 W 43RD ST	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRAUER, RHONDA L	
STREET ADDRESS	229 W 43RD ST	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVITT, KEITH	
STREET ADDRESS	5520 PARK AVE	
CITY-ST-ZIP	TRUMBULL CT 06611	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brauer, Rhonda L.	
STREET ADDRESS	229 West 43rd Street	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Golden, Michael	
STREET ADDRESS	229 West 43rd Street	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rhonda L. Brauer* Rhonda L. Brauer, Secretary Date: 4/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)

Attachment

Officers Not Included On Annual Report

~~#~~ 19 300000000025

NYT Special Services, Inc.

39049

OFFICERS

Robert Carney Vice President
Primary Address: 229 West 43rd Street
New York, New York 10036

Stuart Stoller Vice President
Primary Address: 229 West 43rd Street
New York, New York 10036

R. Anthony Benten Assistant Treasurer
Primary Address: 229 West 43rd Street
New York, New York 10036

Robert S. Tobin Assistant Treasurer
Primary Address: 229 West 43rd Street
New York, NY 10036