SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:20

DOCUMENT # **F94000005761 (1)**

1. Corporation Name
NEWSWEEK, INC.

Principal Place of Business	Mailing Address
PO BOX 919 MOUNTAIN LAKES NJ 07046	PO BOX 919 MOUNTAIN LAKES NJ 07046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/07/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **13-1455345** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD M	12 NAME	(SEE ATTACHED)
STREET ADDRESS	251 W. 57TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LUFFMAN, PETER J	22 NAME	
STREET ADDRESS	251 W. 57TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	SHAIN, HAROLD	32 NAME	
STREET ADDRESS	251 W. 57TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	34 CITY-ST-ZIP	
TITLE	VC	41 TITLE	☐ Change ☐ Addition
NAME	DURGIN, DONALD	42 NAME	
STREET ADDRESS	251 W. 57TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	RIVELLO, ANGELO	52 NAME	
STREET ADDRESS	251 W. 57TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☒ Change ☐ Addition
NAME	HOCKENBERRY, JOHN F	62 NAME	VP JOANNE O'ROURKE HINDMAN
STREET ADDRESS	251 W. 57TH ST	63 STREET ADDRESS	251 W. 57 ST
CITY-ST-ZIP	NEW YORK NY 10019	64 CITY-ST-ZIP	NEW YORK, NEW YORK 10019

CR2E034 (3/95)

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)(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: Joanne O'Rourke Hindman **Joanne O'Rourke Hindman** **Vice President of Finance** **6/19/95** **(201) 316-2067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176760 FP

F94-5761

N E W S W E E K , I N C.

251 West 57th Street, New York, NY 10019

D I R E C T O R S

Katharine Graham
Donald E. Graham

Martin Cohen
Richard M. Smith
Alan G. Spoon

O F F I C E R S

Richard M. Smith	*Editor-In-Chief and President*
Peter J. Luffman	*Executive Vice President*
Harold Shain	*Executive Vice President*
Donald Durgin	*Vice Chairman*
Angelo Rivello	*Senior Vice President*
Jean Barish	*Vice President*
Frank M. Callea	*Vice President*
Pam Gillespie	*Vice President*
Joanne O'Rourke Hindman	*Vice President*
Stephen Fuzesi	*Vice President*
Mary Sue Rynecki	*Vice President*
Greg Osberg	*Vice President*
John F. Hockenberry	*Assistant Secretary*

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
[illegible]
NOV [illegible]

DOCUMENT # **F94000005990 (6)**

1. Corporation Name

ENHANCED VISION SYSTEMS, INC.

Principal Place of Business	Mailing Address
10300 102ND TERRACE SEBASTIAN FL 32958	10300 102ND TERRACE SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/21/1994

3a. Date of Last Report:

2. Principal Place of Business
21:

2a. Mailing Address
26:

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27:

City & State
23:

City & State
28:

Zip 24: Country 25:

Zip 29: Country 30:

4. FEI Number: APPLIED FOR 65-0534535 ☐ 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

7. This corporation has activity for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOTT, JOHN S
10300 102ND TERRACE
SEBASTIAN FL 32958

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	SCOTT, JOHN S	12 NAME		
STREET ADDRESS	10300 102ND TERRACE	13 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, E. SCOTT	22 NAME		
STREET ADDRESS	10300 102ND TERRACE	23 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958	24 CITY-ST-ZIP		
TITLE	CEOT	31 TITLE		☐ Change ☐ Addition
NAME	MILES, RICHARD D	32 NAME		
STREET ADDRESS	10300 102ND TERRACE	33 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958	34 CITY-ST-ZIP		
TITLE	CFOS	41 TITLE		☐ Change ☐ Addition
NAME	MILES, RICHARD D	42 NAME		
STREET ADDRESS	10300 102ND TERRACE	43 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DIPPOLD, OTTMAR	52 NAME		
STREET ADDRESS	10300 102ND TERRACE	53 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: [signature] CFO 6-1-P.PC 407-539-7321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016379 CP