

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90144 001 \*1,200.00

**DOCUMENT # P04816**

1. Entity Name

**GANNETT CO., INC.**

Principal Place of Business

**10315 USA TODAY WAY  
 MIRAMAR FL 33025  
 US**

Mailing Address

**1100 WILSON BOULEVARD  
 ARLINGTON VA 22234**

2. Principal Place of Business

3. Mailing Address

**7950 Jones Branch Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Tax Department**

City & State

City & State

**McLean, VA**

Zip

Country

Zip

Country

**22107-0940**

**USA**

4. FEI Number

**16-0442930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, LARRY F 1100 WILSON BLVD. ARLINGTON VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS CHAPPLE, THOMAS L 1100 WILSON BLVD. ARLINGTON VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARTORE, GRACIA C 1100 WILSON BLVD. ARLINGTON VA 22234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLADWIN, CHRISTOPHER W 1100 WILSON BLVD ARLINGTON VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPD MCCORKINDALE, DOUGLAS H 1100 WILSON BOULEVARD ARLINGTON VA 22234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Miller, Larry F 7950 Jones Branch Drive McLean, VA 22107-0904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS CHAPPLE, THOMAS L 7950 JONES' BRANCH DRIVE MCLEAN, VA 22107-0940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT MARTORE, GRACIA c 7950 JONES BRANCH DRIVE MCLEAN, VA 22107-0940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT BALDWIN, CHRISTOPHER W 7950 JONES BRANCH DRIVE MCLEAN, VA 22107-0940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPD MCCORKINDALE, DOUGLAS H 7950 JONES BRANCH DRIVE MCLEAN, VA 22107-0940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Christopher W. Baldwin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

703-854-6000

Daytime Phone #

CR2E034 (9/01)