

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26734

(4)

1. Corporation Name

GANNETT FLEMING, INC.

Principal Place of Business

207 SENATE AVE
CAMP HILL PA 17011
US

Mailing Address

PO BOX 87100
HARRISBURG PA 17106-7100

3. Date Incorporated or Qualified

10/30/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

25-1613591

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 Fees8. 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

SUNG, MYUNG-HAK
STE. 295, ONE PRESIDENTIAL PLAZA
4902 EISENHOWER BLVD
TAMPA FL 33634

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME MORRIS, WALTER K.
STREET ADDRESS 1173 WICKLOW COURT
CITY-STATE-ZIP HUMMELSTOWN PA☒ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP☐ Change ☐ AdditionTITLE EVPT
NAME DIETZ, ROBERT J.
STREET ADDRESS 498 WOODCREST DRIVE
CITY-STATE-ZIP MECHANICSBURG PA☐ DELETE2.1 TITLE EVPTD
2.2 NAME
2.3 STREET ADDRESS 740 Brentwater Road
2.4 CITY-STATE-ZIP Camp Hill PA 17011☒ Change ☐ AdditionTITLE CP
NAME DRNEVICH, RONALD J
STREET ADDRESS 989 NORTH FAIRVILLE AVE
CITY-STATE-ZIP HARRISBURG PA☐ DELETE3.1 TITLE CPD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP☒ Change ☐ AdditionTITLE V
NAME ALLEN, CHESTER L.
STREET ADDRESS 902 ROBERT STREET
CITY-STATE-ZIP MECHANICSBURG PA☐ DELETE4.1 TITLE VD
4.2 NAME
4.3 STREET ADDRESS 503 East Elmwood Avenue, Apt. 4
4.4 CITY-STATE-ZIP Mechanicsburg PA 17055☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETE5.1 TITLE EVPD
5.2 NAME F. James Knight
5.3 STREET ADDRESS 1551 Braewood Drive
5.4 CITY-STATE-ZIP Harrisburg PA 17111☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETE6.1 TITLE SVPSB
6.2 NAME William C. Ehresman
6.3 STREET ADDRESS 364 Equus Drive
6.4 CITY-STATE-ZIP Camp Hill PA 17011☐ Change ☒ Addition

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (9/96)