

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90121 012 ***150.00

DOCUMENT # P26734

1. Corporation Name

GANNETT FLEMING, INC.

Principal Place of Business

**207 SENATE AVE
CAMP HILL PA 17011
US**

Mailing Address

**PO BOX 67100
HARRISBURG PA 17106**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1989

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 Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **EVTD** ☐ DELETE
NAME **DIETZ, ROBERT J.**
STREET ADDRESS **740 BRENTWATER ROAD**
CITY-ST-ZIP **CAMP HILL PA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CPD** ☐ DELETE
NAME **DRNEVICH, RONALD J**
STREET ADDRESS **989 NORTH FAIRVILLE AVE**
CITY-ST-ZIP **HARRISBURG PA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ALLEN, CHESTER L.**
STREET ADDRESS **503 EAST ELMWOOD AVE APT 4**
CITY-ST-ZIP **MECHANICS BURG PA**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VD**
3.3 STREET ADDRESS **ALLEN, CHESTER L.**
3.4 CITY-ST-ZIP **319 CANDLELIGHT DRIVE**
MECHANICSBURG, PA 17055

TITLE **VD** ☐ DELETE
NAME **BANKS, ROGER J**
STREET ADDRESS **501 EAST MAIN STREET**
CITY-ST-ZIP **MOORESTOWN NJ 08057**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SVSD** ☐ DELETE
NAME **EHRESMAN, WILLIAM C**
STREET ADDRESS **364 EQUUS DRIVE**
CITY-ST-ZIP **CAMP HILL PA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **LONG, JAMES L**
STREET ADDRESS **3814 HEARTHSTONE ROAD**
CITY-ST-ZIP **CAMP HILL PA 17011**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

(717) 763-7211

Date

Daytime Phone #

CR2E034 (11/98)