

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90051 034 ***158.75

0599433

DOCUMENT # P26734

1. Entity Name

GANNETT FLEMING, INC.

Principal Place of Business

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

Mailing Address

**PO BOX 67100
HARRISBURG PA 17106**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1613591**

Applied For

Not Applicable

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

**DOUGHERTY, JOHN V
7751 BELFORT PARKWAY, SUITE 150
JACKSONVILLE FL 32256**

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 ☐ Delete
NAME **EVTD**
STREET ADDRESS **DIETZ, ROBERT J.**
CITY-ST-ZIP **740 BRENTWATER ROAD
CAMP HILL PA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **CPD**
STREET ADDRESS **DRNEVICH, RONALD J**
CITY-ST-ZIP **989 NORTH FAIRVILLE AVE
HARRISBURG PA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ALLEN, CHESTER L.**
CITY-ST-ZIP **319 CANDLELIGHT DRIVE
MECHANICS BURG PA 17055**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BANKS, ROGER J**
CITY-ST-ZIP **501 EAST MAIN STREET
MOORESTOWN NJ 08057**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SVSD**
STREET ADDRESS **EHRESMAN, WILLIAM C**
CITY-ST-ZIP **364 EQUUS DRIVE
CAMP HILL PA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **VD**
STREET ADDRESS **LONG, JAMES L**
CITY-ST-ZIP **3814 HEARTHSTONE ROAD
CAMP HILL PA 17011**TITLE ☐ Change ☒ Addition
NAME **SV/D**
STREET ADDRESS **DIVINEY, JOHN C.**
CITY-ST-ZIP **22 RIDGEWOOD DRIVE
MCDONALD, PA 15057**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01

(717) 763-7211

CR2E034 (10/00)