

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90113 041 \*\*\*158.75

**DOCUMENT # P26734**

1. Entity Name  
**GANNETT FLEMING, INC.**

Principal Place of Business Mailing Address  
**207 SENATE AVE PO BOX 67100**  
**CAMP HILL PA 17011 HARRISBURG PA 17106**  
**US**

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

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

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

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 ☐ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **ALLEN, CHESTER L.**  
 CITY-ST-ZIP **319 CANDLELIGHT DRIVE**  
**MECHANICS BURG PA 17055**

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

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

TITLE ☐ Delete  
 NAME **SVD**  
 STREET ADDRESS **DIVNEY, JOHN G**  
 CITY-ST-ZIP **22 RIDGEWOOD DR**  
**MC DONALD PA 15057**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: ROBERT J. DIETZ 5/29/02 (717) 763-7211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)