

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857934

Entity Name: MEREDITH CORPORATION**Current Principal Place of Business:**1716 LOCUST STREET
DES MOINES, IA 50309-3023**Current Mailing Address:**1716 LOCUST STREET
DES MOINES, IA 50309-3023 US**FEI Number:** 42-0410230**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, NATIONAL MEDIA GROUP**Name** HARTY, THOMAS H**Address** 1716 LOCUST STREET**City-State-Zip:** DES MOINES IA 50309**Title** VICE PRESIDENT AND CHIEF FINANCIAL OFFICER**Name** CERYANEC, JOSEPH H**Address** 1716 LOCUST ST**City-State-Zip:** DES MOINES IA 50309**Title** CHIEF DEVELOPMENT OFFICER, GENERAL COUNSEL & SECRETARY**Name** ZIESER, JOHN S**Address** 1716 LOCUST STREET**City-State-Zip:** DES MOINES IA 50309**Title** CHAIRMAN, PRESIDENT AND CEO, DIRECTOR**Name** LACY, STEPHEN M**Address** 1716 LOCUST ST**City-State-Zip:** DES MOINES IA 50309**Title** PRESIDENT, LOCAL MEDIA GROUP**Name** KARPOWICZ, PAUL A**Address** 1716 LOCUST ST.**City-State-Zip:** DES MOINES IA 50309**Title** DIRECTOR**Name** BERG, DONALD C**Address** 1716 LOCUST STREET**City-State-Zip:** DES MOINES IA 50309-3023**Title** DIRECTOR**Name** KAPLAN, BETH**Address** 1716 LOCUST STREET**City-State-Zip:** DES MOINES IA 50309-3023**Title** DIRECTOR**Name** BAER, DON**Address** 1716 LOCUST STREET**City-State-Zip:** DES MOINES IA 50309-3023**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN S. ZIESERCHIEF DEVELOPMENT
OFFICER

04/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FRAZIER, D. MELL MEREDITH
Address 1716 LOCUST STREET
City-State-Zip: DES MOINES IA 50309-3023

Title DIRECTOR
Name JOHNSON, JOEL W
Address 1716 LOCUST STREET
City-State-Zip: DES MOINES IA 50309-3023

Title DIRECTOR
Name TALLETT, ELIZABETH E
Address 1716 LOCUST STREET
City-State-Zip: DES MOINES IA 50309-3023

Title DIRECTOR
Name HENRY, FREDERICK B
Address 1716 LOCUST STREET
City-State-Zip: DES MOINES IA 50309-3023

Title DIRECTOR
Name MARINEAU, PHILIP A
Address 1716 LOCUST STREET
City-State-Zip: DES MOINES IA 50309-3023