

**2021 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, DIRECTOR, CEO  
Name HARTY, THOMAS H  
Address 1716 LOCUST STREET  
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 PRESIDENT, LOCAL MEDIA GROUP  
Name MCCREERY, PATRICK 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

Title DIRECTOR  
Name FRAZIER, D. MELL MEREDITH  
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

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*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: KEVIN M. WAGNER****TREASURER****04/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TREASURER
Name	KEVIN, WAGNER
Address	1716 LOCUST STREET
City-State-Zip:	DES MOINES IA 50309