

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006872

Entity Name: TIME WARNER INC.

Current Principal Place of Business:

ONE TIME WARNER CENTER
NEW YORK, NY 10019

Current Mailing Address:

ONE TIME WARNER CENTER
C/O JANICE CANNON, 14TH FLOOR LEGAL
NEW YORK, NY 10019

FEI Number: 13-4099534

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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 D/COB/CEO
Name BEWKES, JEFFREY L
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title EVP/CFO
Name AVERILL, HOWARD M
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title EVP/GC
Name CAPPUCCIO, PAUL T
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title SVP/DGC/CS
Name WASHINGTON, PAUL F
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title SVP/DGC
Name KARICKHOFF, BRENDA C
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title SVP/DGC
Name PHILLIPS, DOUGLAS S
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title ASST. SECRETARY
Name KANE, ROBERT K
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name BARKSDALE, JAMES L
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

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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: DOUGLAS S. PHILLIPS

SENIOR VICE PRESIDENT 04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BARR, WILLIAM P
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name CLARK, ROBERT C
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name EINHORN, JESSICA P
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name HASSAN, FRED
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name WACHTER, PAUL
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name BOLLENBACH, STEPHEN F
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name DOPFNER, MATHIAS
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name GUTIERREZ, CARLOS
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name NOVACK, KENNETH J
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name WRIGHT, DEBORAH C
Address ONE TIME WARNER CENTER
City-State-Zip: NEW YORK NY 10019