

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000044

Entity Name: HEARST PROPERTIES INC.**Current Principal Place of Business:**300 WEST 57TH STREET
NEW YORK, NY 10019**Current Mailing Address:**300 WEST 57TH STREET
NEW YORK, NY 10019**FEI Number:** 43-1016745**Certificate of Status Desired:** No**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 PRESIDENT, DIRECTOR
Name WERTLIEB, JORDAN
Address 300 WEST 57TH STREET
City-State-Zip: NEW YORK NY 10019

Title VICE PRESIDENT
Name STANLEY, JEANA
Address 300 WEST 57TH STREET
City-State-Zip: NEW YORK NY 10019

Title ASSISTANT SECRETARY
Name LOEB, LARRY M
Address 300 WEST 57TH STREET
City-State-Zip: NEW YORK NY 10019

Title ASSISTANT TREASURER
Name MCDONALD, WARREN K
Address 214 NORTH TRYON STREET
 TAX DEPT, FL32
City-State-Zip: CHARLOTTE NC 28202

Title SENIOR VICE PRESIDENT,
 TREASURER, DIRECTOR
Name DRAIN, JOHN
Address 300 WEST 57TH STREET
City-State-Zip: NEW YORK NY 10019

Title SECRETARY
Name BOSTRON, CATHERINE
Address 300 WEST 57TH STREET
City-State-Zip: NEW YORK NY 10019

Title ASSISTANT TREASURER
Name KORS, DAVID L.
Address 214 NORTH TRYON STREET
 TAX DEPT, FL32
City-State-Zip: CHARLOTTE NC 28202

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: DAVID L. KORS**ASSISTANT TREASURER 04/26/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date