

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **119336** (6)
 1. Corporation Name
NEWS-PRESS PUBLISHING COMPANY



Principal Place of Business: **1100 WILSON BLVD ARLINGTON VA 22234**
 Mailing Address: **1100 WILSON BLVD ARLINGTON VA 22209-2297**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/02/1929	05/01/1996
22 Suite, Apt #, etc		27 Suite, Apt #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-0376250	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORKINDALE, DOUGLAS H.	1.2 NAME	
STREET ADDRESS	1100 WILSON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DAN A	2.2 NAME	Jacobi, Frederick
STREET ADDRESS	1100 WILSON BLVD.	2.3 STREET ADDRESS	1100 Wilson Blvd.
CITY-ST-ZIP	ARLINGTON VA	2.4 CITY-ST-ZIP	Arlington VA
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPLE, THOMAS L	3.2 NAME	
STREET ADDRESS	1100 WILSON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, CHRISTOPHER	4.2 NAME	
STREET ADDRESS	1100 WILSON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JIMMY L	5.2 NAME	
STREET ADDRESS	1100 WILSON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURLEY, JOHN J.	6.2 NAME	
STREET ADDRESS	1100 WILSON BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher W. Baldwin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher W. Baldwin-Assistant Treasurer Date: **4/24/97** Phone: **703-284-6000**

CR2E034 (9/96)

NEWS-PRESS PUBLISHING COMPANY

Shareholder: Gannett Co., Inc.

Directors: John J. Curley
Douglas H. McCorkindale

Officers: President and Publisher
Controller
Secretary
Treasurer
Assistant Secretary
Assistant Treasurer

Frederick T. Jacobi
Matt Petro
Thomas L. Chapple
Jimmy L. Thomas
Kristin H. Kent
Christopher W. Baldwin

**Business Address for Directors
and Officers:**

1100 Wilson Boulevard
Arlington, VA 22234