

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
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1929		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		4. FEI Number 59-0376250		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				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			
STREET ADDRESS	1100 WILSON BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON VA			2.4 CITY-ST-ZIP			
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher W. Baldwin-Assistant Treasurer

4/24/97 703-284-6000

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