

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 22234**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2442 Dr. Martin L King Blv		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/02/1929	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0376250	
City & State 23 Fort Myers, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33901-3987		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

Signature, typed or printed name of registered agent and, if applicable,

(NOT: 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 type="checkbox"/> Change <input checked="" 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 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 any attachment with any address.

SIGNATURE: **Christopher W. Baldwin**
Christopher W. Baldwin Treasurer

4/20/98

763-794-6000

CR2E034 (10/97)