

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90195 026 ***150.00

04-14-1999

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **119336**

1. Corporation Name
NEWS-PRESS PUBLISHING COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2442 DR MARTIN L KING BLVD
FT MYERS FL 33901
US

Mailing Address
1100 WILSON BLVD
ARLINGTON VA 22234

3. Date Incorporated or Qualified
03/02/1929

4. FEI Number
59-0376250

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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
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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCORKINDALE, DOUGLAS H.	
STREET ADDRESS	1100 WILSON BLVD.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JACOBI, FREDERICK	
STREET ADDRESS	1100 WILSON BLVD.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHAPPLE, THOMAS L	
STREET ADDRESS	1100 WILSON BLVD.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BALDWIN, CHRISTOPHER	
STREET ADDRESS	1100 WILSON BLVD	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JIMMY L	
STREET ADDRESS	1100 WILSON BLVD.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURLEY, JOHN J.	
STREET ADDRESS	1100 WILSON BLVD.	
CITY-ST-ZIP	ARLINGTON VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GRACIA C. MARTORE	
5.3 STREET ADDRESS	1100 WILSON BLVD.	
5.4 CITY-ST-ZIP	ARLINGTON, VA 22234	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an attachment with an address, with all other like empowered.

SIGNATURE: Christopher W. Baldwin **REQUIRED** Treasurer **4/8/99** **704-284-6000**

CR2E034 (11/98)