



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	
<b>DOCUMENT # 347290 (9)</b> 1. Corporation Name <b>PENSACOLA NEWS-JOURNAL INC</b>					
Principal Place of Business <b>1100 WILSON BLVD ARLINGTON VA 22234</b>		Mailing Address <b>1100 WILSON BLVD ARLINGTON VA 22209-2267</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>06/03/1969</b> 3a. Date of Last Report <b>05/01/1996</b> 4. FEI Number <b>59-1262545</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BANNISTER, DENISE H</b>		1.2 NAME		
STREET ADDRESS	<b>1100 WILSON BLVD.</b>		1.3 STREET ADDRESS		
CITY - ST - ZIP	<b>ARLINGTON VA</b>		1.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOWDEN, EARLE J.</b>		2.2 NAME		
STREET ADDRESS	<b>1100 WILSON BLVD.</b>		2.3 STREET ADDRESS		
CITY - ST - ZIP	<b>ARLINGTON VA</b>		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CURLEY, JOHN J.</b>		3.2 NAME		
STREET ADDRESS	<b>1100 WILSON BLVD.</b>		3.3 STREET ADDRESS		
CITY - ST - ZIP	<b>ARLINGTON VA</b>		3.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHAPPLE, THOMAS L.</b>		4.2 NAME		
STREET ADDRESS	<b>1100 WILSON BLVD.</b>		4.3 STREET ADDRESS		
CITY - ST - ZIP	<b>ARLINGTON VA</b>		4.4 CITY - ST - ZIP		
TITLE	AT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BALDWIN, CHRISTOPHER</b>		5.2 NAME		
STREET ADDRESS	<b>1100 WILSON BLVD.</b>		5.3 STREET ADDRESS		
CITY - ST - ZIP	<b>ARLINGTON VA</b>		5.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMAS, JIMMY L.</b>		6.2 NAME		
STREET ADDRESS	<b>1100 WILSON BLVD.</b>		6.3 STREET ADDRESS		
CITY - ST - ZIP	<b>ARLINGTON VA</b>		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 <b>Christopher W. Baldwin-Assistant Treasurer</b> Date: <b>4/24/97</b> Telephone: <b>703-281-7900</b>					

CR2E034 (9/96)

## **PENSACOLA NEWS-JOURNAL, INC.**

**Shareholder:** Gannett Co., Inc.

**Directors:** John J. Curley  
Douglas H. McCorkindale

**Officers:** President and Publisher  
Vice President/Editor  
Secretary  
Treasurer  
Assistant Secretary  
Assistant Treasurer

Denise H. Bannister  
J. Earle Bowden  
Thomas L. Chapple  
Jimmy L. Thomas  
Kristin H. Kent  
Christopher W. Baldwin

**Business Address for Directors  
and Officers:**

1100 Wilson Boulevard  
Arlington, VA 22234