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FILED

Jan 31 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 # 415738

(4)

1. Corporation Name

THE TRIBUNE COMPANY

Principal Place of Business

202 PARKER ST
TAMPA FL 33606-2308

Mailing Address

202 PARKER ST
TAMPA FL 33606-2308

3. Date Incorporated or Qualified
12/29/1972

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1433952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

BUTCHER, JACK
202 S PARKER ST
TAMPA FL 33606

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BRYAN, J. STEWART III | |
| STREET ADDRESS | 333 E GRACE ST | |
| CITY- ST- ZIP | RICHMOND VA | |
| TITLE | CDP | <input type="checkbox"/> DELETE |
| NAME | BUTCHER, JACK | |
| STREET ADDRESS | 202 S. PARKER STREET | |
| CITY- ST- ZIP | TAMPA FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MAHONEY, GEORGE L | |
| STREET ADDRESS | 333 E GRACE ST | |
| CITY- ST- ZIP | RICHMOND VA | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | KAUFFMAN, KERMIT J. | |
| STREET ADDRESS | 202 S. PARKER STREET | |
| CITY- ST- ZIP | TAMPA FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MORTON, MARSHALL | |
| STREET ADDRESS | 333 E. GRACE STREET | |
| CITY- ST- ZIP | RICHMOND VA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WOODLIEF, H. GRAHAM | |
| STREET ADDRESS | 333 E. GRACE STREET | |
| CITY- ST- ZIP | RICHMOND 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 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 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

Jack Butcher January 23, 1997 (813) 259-7437

Date

Daytime Phone

0355199

CR2E034 (9/96)