

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 816157 (2)

1. Corporation Name
THE NEW YORK TIMES SALES INC



Principal Place of Business Mailing Address
229 WEST 43RD STREET NEW YORK NY 10036

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/18/1962 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 13-1896511 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

| | | | |
|---|--|--|------------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| UNITED STATES CORPORATION COMPANY 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. City | |
| | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D- CORWIN, LAURA J. 229 W 43RD ST NEW YORK NY 10036 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T THOMAS, RICHARD G 229 W 43RD ST NEW YORK NY 10036 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GORHAM, DAVID L. 229 W 43RD ST NEW YORK NY 10036 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WATSON, SOLOMON B IV 229 WEST 43RD STREET NEW YORK NY 10036 | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800001840568 -05/28/96--01029--001 ***3061.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD SULZBERGER, ARTHUR OCHS 229 W 43RD ST NEW YORK NY 10036 | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition ce 5/11/96 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PRIMIS, LANCE R. 229 W 43RD ST NEW YORK NY 10036 | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Laura J Corwin* **LAURA J. CORWIN** **212-556-5995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E034 (12/95)

816157

ADDITIONS - FLORIDA

THE NEW YORK TIMES SALES, INC.
229 W. 43d Street
New York, NY 10036

V
William L. Pollak
229 West 43d Street
New York, NY 10036

V
John M. O'Brien
229 West 43d Street
New York, NY 10036

V
Russell T. Lewis
229 West 43d Street
New York, NY 10036

T
Martha Greenough
229 West 43d Street
New York, NY 10036

T
Thomas H. Nied
229 West 43d Street
New York, NY 10036

T
Robert S. Tobin
229 West 43d Street
New York, NY 10036