

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90097 050 ***150.00

DOCUMENT # 816157

1. Entity Name

THE NEW YORK TIMES SALES INC

Principal Place of Business

Mailing Address

**229 WEST 43RD STREET
 NEW YORK NY 10036**

**C/O LEGAL DEPT.
 229 W. 43D STREET
 NEW YORK NY 10036**

A5043300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1896511

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **SD** ☐ Delete
 NAME: **CORWIN, LAURA**
 STREET ADDRESS: **229 W 43RD ST**
 CITY-ST-ZIP: **NEW YORK NY 10036**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **P.** ☐ Delete
 NAME: **SULZBERGER, ARTHUR O JR**
 STREET ADDRESS: **229 W 43RD ST**
 CITY-ST-ZIP: **NEW YORK NY 10036**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **T** ☒ Delete
 NAME: **TAUS, ELLEN**
 STREET ADDRESS: **229 W 43RD ST**
 CITY-ST-ZIP: **NEW YORK NY 10036**

TITLE: **VT** ☒ Change ☐ Addition
 NAME: **James C. Lessersohn**
 STREET ADDRESS: **229 W. 43rd St**
 CITY-ST-ZIP: **New York NY 10036**

TITLE: **D** ☐ Delete
 NAME: **LEWIS, RUSSELL T**
 STREET ADDRESS: **229 WEST 43RD STREET**
 CITY-ST-ZIP: **NEW YORK NY 10036**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☒ Delete
 NAME: **ROBINSON, JANET**
 STREET ADDRESS: **229 W 43RD ST**
 CITY-ST-ZIP: **NEW YORK NY 10036**

TITLE: **D** ☒ Change ☐ Addition
 NAME: **Solomon B. Watson IV**
 STREET ADDRESS: **229 W 43rd St**
 CITY-ST-ZIP: **New York, NY 10036**

TITLE: **V** ☒ Delete
 NAME: **GILMAN, RICHARD**
 STREET ADDRESS: **229 W 43RD ST**
 CITY-ST-ZIP: **NEW YORK NY 10036**

TITLE: **VT** ☒ Change ☐ Addition
 NAME: **Scott H. Heekin-Canedy**
 STREET ADDRESS: **229 W. 43rd St**
 CITY-ST-ZIP: **New York, NY 10036**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rhonda L. Brauer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rhonda L. Brauer
 Asst. Secy.**

4/13/00

Date

212/556-7127

Daytime Phone #

CR2E034 (9/99)