

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 818918**

1. Entity Name

CHICAGO TRIBUNE NEWSPAPERS, INC.**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90138 018 ***150.00

Principal Place of Business

**435 N MICHIGAN AVENUE
ROOM 300
CHICAGO IL 60611
US**

Mailing Address

**435 N MICHIGAN AVENUE
ROOM 300
CHICAGO IL 60611
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-6100439

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE
NAME **S** ☐ Delete
STREET ADDRESS **KENNEY, CRANE H.**
CITY-ST-ZIP **435 N MICHIGAN AVE SUITE 600
CHICAGO IL 60611**TITLE
NAME **VD** ☒ Delete
STREET ADDRESS **GRANT, DENNIS J.**
CITY-ST-ZIP **435 NORTH MICHIGAN AVE.
CHICAGO IL**TITLE
NAME **PD** ☐ Delete
STREET ADDRESS **SMITH, S**
CITY-ST-ZIP **435 N MICHIGAN AVE
CHICAGO IL 60611**TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **AS** ☐ Change ☒ Addition
STREET ADDRESS **HIANIK, MARK W.**
CITY-ST-ZIP **435 N. MICHIGAN AVE.
CHICAGO, IL 60611**TITLE
NAME **VD** ☒ Change ☐ Addition
STREET ADDRESS **DePaola, Kenneth**
CITY-ST-ZIP **435 N. Michigan Avenue
Chicago, IL 60611**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. HIANIK**4/25/2002****312-222-4303**

Date

Daytime Phone #

CR2E034 (9/01)