

FLORIDA DEPARTMENT OF STATE.

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	84	50	)2	R
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1. Corporation Name

THE NEW YORK TIMES COMPANY MAGAZINE GROUP, INC.

Principal Plac	a of Durinous	Mailing Address				
		Mailing Address				
5520 PARK AVE TRUMBULL CT 06611-0395 US		C/O LEGAL DEPT 229 W 43RD ST. NEW YORK NY 10036		DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualifed	
		The section of the section of			01/21/1980	f 1.
<u> </u>	lace of Business	2a. Mailing Address			4. FET Number	Applied For
Suite, Apt.	# plc	Suite, Apt #, etc			06-1012750	Not Applicable
	# <sub>1</sub> &tc.	F - 1			5. Certifcate of Status Desired [ ]	\$8.75 Additional Fee Required
Crty & Stat		City & Stale			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year	
24	25	29	30		Personal Property Tax	[]Yes []No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	ed Agent
1.11.45		18.11W	81	Name		
	TED STATES CORPORATION CON	<b>MPANY</b>	82	Street Ad	; ldress (P.O. Box Number is Not Acceptable)	4.30.00
	HAYS STREET				in the contract of the contract of	
	E 105		83			
TALL	AHASSEE FL 32301		84	City		. 85 Zip Code
				•	F	L
office or a agent. I a	to the provisions of Sections of 1997, 3997, see gistered agent, or both, in the State of m familiar with, and accept the obligation.	if Florida Such change was au ons of, Section 607.0505, Flori	s, the above thorized by da Statutes	the corpora	rporation submits this statement for the purpose illuri's board of directors. I hereby accept the ap-	o: changing his registered
	Signature, typed or printed name of registeres agent		tegestered Age i	Signature resp	are Likeline including). DATE:	
12.	OFFICERS AND	and the second of the second o	13.		ADDITIONS/CHANGES TO OFFICERS	· · · · · · · · · · · · · · · · · · ·
TITLE	SD	[]] DELETE	. 11Till∈€	- 1		[   Change
NAME	CORWIN, LAURA, J		1.2 NAME			
STREET ADDRESS	229 W 43RD ST		13STREET			
CITY-ST-ZIP	NEW YORK CITY NY 10036	Moriere	14 City-51		P p	ETIChana S.A.A.duian
TITLE	PD LAMES W	DELETE	2111116		FORMAN, LEONARD P.	[T] Change X Addition
NAME	FITZGERALD, JAMES W. 5520 PARK AVE	,	2.2 NAME		229 W 43d ST	
STREET ADDRESS	TRUMBILL CT 06611		23 STREET		New YORK, NY 10036	
CITY-ST-ZIP TITLE	D	Ĉ <b>\</b> ∕Sece re	2 4 CHY S	1-761	New yorkie, in y 100 st	[   Change   NAddition
NAME	DARROW, KATHARINE P		3.2 NAME	1	BRAVER, RHONDA L.	[ ] Change
STREET ADDRESS	229 WEST 43RD STREET	/	335TREET		229 W 43d ST	/
CITY-ST-ZiP	NEW YORK NY 10036		34 CHY-S		NEW YORK NY 1003	10
TITLE	V	[   DELETE	4 1 TILE	1-21	1000 40101C 10 9 1000	[] Change [] Addition
NAME	O'BRIEN, JOHN M		4 2 NAME		282,000,282	
STREET ADDRESS	229 WEST 43RD ST		43STREET	ADDRESS		01005001
CITY-ST-ZIP	NEW YORK NY		440114-51			****156.00
TITLE	T	[ LOELETE	51 TILE	-		[   Change
NAME	TAUS, ELLEN		5.2 NAME			
STREET ADDRESS	229 W 43RD ST		53 STREET	ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		54 CITY-S1	- ZIF*		
TITLE	T	☐ DELETE	6 1 TITLE	1		Change / JAddison
NAME	TOBIN, ROBERT		6.2 NAME			W LAZUVI
STREET ADDRESS	229 W 43RD ST		63 STREET	ADDRESS	· ·	$\sim 100$
CITY-ST-ZIP	NEW YORK CITY NY		64 CITY-ST	· Z#1		1-1
44 I borobii a	and for that the information a malied with	this films does not a satisfactor	ho overesti	بنزأ أعمد بعمدأ أنب	Section 110 07/370 Floredy Statutes   Liethers	nelify that the information

I necesy certify that the information supplied with this filling does not qualify for the exemption stated in Soction 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, with all other like empowered.

SIGNATURE: \_\_

TED NAME OF SIGNING OFFICER OR DIRECTOR

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