FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **853798** **(7)**

1. Corporation Name

CHICAGO TRIBUNE PRESS SERVICE, INC.

Principal Place of Business	Mailing Address
% STANLEY J. GRADOWSKI 435 N. MICHIGAN AVE. CHICAGO IL 60611 US	% STANLEY J. GRADOWSKI 435 N. MICHIGAN AVE. CHICAGO IL 60611 US

2. Principal Place of Business — 21 — 22 Suite, Apt. #, etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 — 27 Suite, Apt. #, etc. — 28 City & State — 29 Zip — 30 Country

3. Date Incorporated or Qualified: 08/18/1982

3a. Date of Last Report: 03/13/1995

4. FEI Number: 36-2273167 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TYNER, HOWARD	
STREET ADDRESS	435 NO. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	☒ DELETE
NAME	CICCONE, RICHARD	
STREET ADDRESS	435 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	S	☐ DELETE
NAME	GRADOWSKI, STANLEY J.	
STREET ADDRESS	435 NO. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	TD	☐ DELETE
NAME	PALMER, DENISE	
STREET ADDRESS	435 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	☐ Change ☐ Addition
2.2 NAME	Lipinski, Ann Marie	
2.3 STREET ADDRESS	435 N. Michigan Ave.	
2.4 CITY-ST-ZIP	Chicago, IL 60611	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: Stanley J. Gradowski 1-25-96 (312)222-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)