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

PROFIT CORPORATION ANNUAL REPORT



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

1996DOCUMENT #

SIGNATURE: 6

854430

(6)

THE N	NEW YORK TIMES DISTRIB	UTION CORPORATI	ION				
Principal Place	of Business	Mailing Address			T (ABOUT) TO SHATE OF DIS A SHALE WORLD SHALE BEGIND OF DESTRUCTION OF DESTRUCTIO	40 410 10 14 6 1	
6525 THE (CORNERS PKY	C/O LEGAL					
SUITE 110 229 WEST 43RD ST			STREET				
NORCROSS	GA 30092	NEW YORK NY 10	036		3. Date Incorporated or Qualified 3a. Date of Last Repor	+	
					10/20/1982 05/01/1995		
2. Principal Pla	ce of Business	2a. Mailing Address				ied For	
21		26				59-2213034 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27			5. Certificate of Status Desired Fee Requ		
City & State		City & State			6. Election Campaign Financing \$5.00 M	ay Be	
Zip Country		Zip Country			Added to		
24	25	29	Gountry 30		8. This corporation has liability for intangible tax under s 199 Florida Statutes ☑ Yes ☐ No	.032,	
[27]	9. Name and Address of Current	11	1301		10. Name and Address of New Registered Agent		
			81	Name			
UNITE	STATES CORPORATION COM	PANY	82	Street A	ddress (P.O. Box Number is Not Acceptable)	·	
	IAYS STREET						
TALLAI	HASSEE FL 32303		83				
			84	City	₽. 85 Zip Co	de	
11 Pureuant to	the provisions of Sections 607 0502	and 607 1508 Florida Stat	ules the above p	amad car	rporation submits this statement for the purpose of changing its regist	lored office	
or registere	nd agent, or both, in the State of Florida n, and accept the obligations of, Section	a. Such change was author	rized by the corpo	oration's b	poration storms this statement for the purpose or changing its registered age coard of directors. Thereby accept the appointment as registered age	nt. Lan	
SIGNATURE	<u></u>						
12,	Signature, typed or printed name of registered agent a OFFICERS AND		NOTE: Registered Agent 13.	t signature rec	guired when reinstating: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12	
TITLE	PD OF FIGURE AND	DELETE	1. 1 TITLE	T		Addition	
NAME	HALL, LYNN	<u></u>	1.2 NAME	ŀ	change	, noomen	
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	NORCROSS GA 30092	, #	1.4 C(TY-S)	i			
TITLE	TD , DELETE		2 1 TITLE		☆ Change □	Addition	
NAMÉ	CHANLER, DAVID		2.2 NAME	ļ	/-		
STREET ADDRESS -111-PRESIDENTIAL-BLVD.; SUITE 252			2 3 STREET	29 STREET ADDRESS 3003 wood bridge Ave 24 CTY-SI-7IP Edison, NJ 08837			
CITY - ST - ZIP	-BALA CYNWYD PA 19004-		2.4 C/TY - ST	1-71P	Edison, NJ 08837		
TITLE	S	☐ DELFTE	3 1 TITLE		Change] Addition	
NAME	WINTER, COLIN		3.2 NAME	1			
STREET ADDRESS	15255 SOUTH 94TH AVE		3 3. STREET	ADDRESS			
CITY-ST-ZIP	ORLAND PARK IL 60462	Em pereze	3 4 CITY - SI	1-ZiP			
TIFLE	T	DELETE	4. 1 TIJLE	1	Change] Addition	
NAME	THOMAS, RICHARD G		4.2 NAME	I			
STREET ADDRESS	229 WEST 43RD STREET		4 3 STREET	1			
CITY-ST-ZIP TITLE	NEW YORK CITY NY 10036	[] DELETE	4 4 CITY - ST	1-ZIP	Change	Addition	
NAME	TOBIN, ROBERT		5 2 NAME	İ	Grange	Addition	
STREET ADDRESS	229 WEST 43RD STREET		5 3 STREET	ADDOECC			
CITY-ST-ZIP	NEW YORK CITY NY 10036		5.4 CITY- \$1	i			
TITLE			6 1 10 LE	. 4.4	しししししは3405年編 ge D Addition		
NAME			6 2 NAME	ĺ	-05/28/96010290 04 6 _		
STREET ADDRESS			63 STREET	ADDRESS	****3061.25 >\`\	, ,	
CITY-ST-ZIP ;			64 CITY-SI	1 - ZIP	' 💸		
14. I do hereby certify that	certify that the information supplied with information indicates on this annual	rith this filing is voluntarily fu al report or supplemental ar	irnished and does nual report is tru	s not quali e and acc	ify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I curate and that my signature shall have the same legal effect as if made this report as required by Chapter 607, Florida Statutes; and that my	further de under	
oath; that I appears in	Block 12 or Block 18 if changed, or or	ation or the receiver or trus non attackinent with an ag	itee empowered t Gress.	o execute	etnis report as required by Chapter 607, Florida Statutes; and that my	/ name	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY