

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 854430 (6)**

1. Corporation Name  
**THE NEW YORK TIMES DISTRIBUTION CORPORATION**



Principal Place of Business <b>8525 THE CORNERS PKY                  SUITE 110                  NORCROSS GA 30092</b>	Mailing Address <b>C/O LEGAL                  229 WEST 43RD STREET                  NEW YORK NY 10036-3913</b>
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3. Date Incorporated or Qualified <b>10/20/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2213034</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32303**

10. Name and Address of New/Registered Agent

61. Name
62. Street Address (P.O. Box Number is Not Acceptable)
63. City
64. State <b>FL</b>
65. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALL, LYNN	
STREET ADDRESS	8525 THE CORNERS PARKWAY, #110	
CITY - ST - ZIP	NORCROSS GA 30092	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHANLER, DAVID	
STREET ADDRESS	3003 WOODBRIDGE AVENUE	
CITY - ST - ZIP	EDISON NJ 08837	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WINTER, COLIN	
STREET ADDRESS	15255 SOUTH 94TH AVE	
CITY - ST - ZIP	ORLAND PARK IL 60462	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RICHARD G	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK CITY NY 10036	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TOBIN, ROBERT	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK CITY NY 10036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY - ST - ZIP	
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY - ST - ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY - ST - ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY - ST - ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 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.

SIGNATURE: *[Signature]* **RHOWDA L. BRAUER** Date: **2/12-556 7127**

CR2E034 (9/96)

The New York Times Distribution Corporation

Additional Officer:

Assistant Secretary  
Rhonda L. Brauer  
229 W. 43rd Street  
New York, NY 10036