

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

**FILED**

**May 15 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # 854430 (6)**  
1. Corporation Name  
**THE NEW YORK TIMES DISTRIBUTION CORPORATION**



Principal Place of Business: **6525 THE CORNERS PKY SUITE 110 NORCROSS GA 30092**

Mailing Address: **C/O LEGAL 229 WEST 43RD STREET NEW YORK NY 10036**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **10/20/1982**

4. FEI Number: **59-2213034**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 (81-85)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	HALL, LYNN	1.2 NAME	CORWIN, LAURA J.
STREET ADDRESS	6525 THE CORNERS PARKWAY, #110	1.3 STREET ADDRESS	229 W 43rd ST
CITY-ST-ZIP	NORCROSS GA 30092	1.4 CITY-ST-ZIP	New York, NY 10036
TITLE	TD	2.1 TITLE	D
NAME	CHANLER, DAVID	2.2 NAME	Darrow, KATHARINE P.
STREET ADDRESS	3003 WOODBRIDGE AVENUE	2.3 STREET ADDRESS	229 W 43rd ST.
CITY-ST-ZIP	EDISON NJ 08837	2.4 CITY-ST-ZIP	New York, NY 10036
TITLE	S	3.1 TITLE	V
NAME	WINTER, COLIN	3.2 NAME	Woldt, HARROLD F.
STREET ADDRESS	15255 SOUTH 94TH AVE	3.3 STREET ADDRESS	229 W 43rd ST
CITY-ST-ZIP	ORLAND PARK IL 60482	3.4 CITY-ST-ZIP	New York, NY 10036
TITLE	T	4.1 TITLE	V
NAME	TOBIN, ROBERT	4.2 NAME	Rosen, ERIC
STREET ADDRESS	229 WEST 43RD STREET	4.3 STREET ADDRESS	229 W 43rd ST
CITY-ST-ZIP	NEW YORK CITY NY 10036	4.4 CITY-ST-ZIP	New York, NY 10036
TITLE		5.1 TITLE	<del>BAKER, DIANE P.</del>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<del>229 W 43rd ST</del>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<del>New York, NY 10036</del>
TITLE		6.1 TITLE	T
NAME		6.2 NAME	TAUS, ELLEN
STREET ADDRESS		6.3 STREET ADDRESS	229 W 43rd ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10036

14. 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 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: \_\_\_\_\_

CR2E034 (10/97)

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