

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002746



1. Entity Name

HUDSON NEWS COMPANY

Principal Place of Business

ATTN: GENERAL COUNSEL
ONE MEADOWLANDS PLAZA
EAST RUTHERFORD NJ 07073

Mailing Address

ATTN: GENERAL COUNSEL
ONE MEADOWLANDS PLAZA
EAST RUTHERFORD NJ 07073



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-1002650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN, JAMES S	
STREET ADDRESS	1305 PATERSON PLANK ROAD	
CITY- ST- ZIP	NORTH BERGEN NJ 07047	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIDOMIZIO, JOSEPH	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	
CITY- ST- ZIP	EAST RUTHERFORD NJ 07073	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARSHALL, JAY G	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	
CITY- ST- ZIP	EAST RUTHERFORD NJ 07073	
TITLE	T	<input type="checkbox"/> Delete
NAME	OBERG, CATHERINE M	
STREET ADDRESS	1305 PATTERSON PLAZA ROAD	
CITY- ST- ZIP	NORTH BERGEN NJ 07047	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, JAMES S	
STREET ADDRESS	1305 PATTERSON PLAZA ROAD	
CITY- ST- ZIP	NORTH BERGEN NJ 07047	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSCOW, DAVID B	
STREET ADDRESS	209 EAST LAKE SHORE DRIVE	
CITY- ST- ZIP	CHICAGO IL 60611	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100000314170	
STREET ADDRESS	04/18/05-80156-008	
CITY- ST- ZIP	150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #