2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# F04000000511

Entity Name: NYT MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2202 NORTH WEST SHORE BLVD., SUITE 370
TAMPA, FL

New Principal Place of Business:

Current Mailing Address:

C/O THE NEW YORK TIMES CO.
620 EIGHTH AVENUE
NEW YORK, NY 10018

New Mailing Address:

FEI Number: 06-1567241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JACOBUS, MARY
Address: 2202 NORTH WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607

Title: VCFO ( ) Delete
Name: VAIL, DAVID
Address: 2202 NORTH WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607

Title: V ( ) Delete
Name: BENTEN, R. ANTHONY
Address: 620 EIGHTH AVENUE
City-St-Zip: NEW YORK, NY 10018

Title: VD ( ) Delete
Name: RICHIERI, KENNETH A
Address: 620 EIGHTH AVENUE
City-St-Zip: NEW YORK, NY 10018

Title: T ( ) Delete
Name: EMHOFF, LAURENA L
Address: 620 EIGHTH AVENUE
City-St-Zip: NEW YORK, NY 10018

Title: SD ( ) Delete
Name: BRAUER, RHONDA L
Address: 620 EIGHTH AVENUE
City-St-Zip: NEW YORK, NY 10018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: RICHIERI, KENNETH A
Address: 620 EIGHTH AVENUE
City-St-Zip: NEW YORK, NY 10018

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: BRAYTON, DIANE
Address: 620 EIGHTH AVENUE
City-St-Zip: NEW YORK, NY 10018

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FOLLO, JAMES M
Address: 620 EIGHTH AVENUE
City-St-Zip: NEW YORK, NY 10018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH A. RICHIERI DPS 03/06/2009

Electronic Signature of Signing Officer or Director — Date