FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 24 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000718 (8)

1. Corporation Name
GANNETT NATIONAL NEWSPAPER SALES, INC.

Principal Place of Business	Mailing Address
ATTN: CHRISTOPHER W. BALDWIN 1100 WILSON BLVD., 26TH FLOOR ARLINGTON VA 22234	ATTN: CHRISTOPHER W. BALDWIN 1100 WILSON BLVD., 26TH FLOOR ARLINGTON VA 22234

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 16-1067643 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LYONS, SHELDON	1.2 NAME	
STREET ADDRESS	535 MADISON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	YARUS, BETTE A	2.2 NAME	
STREET ADDRESS	535 MADISON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAPPLE, THOMAS L	3.2 NAME	
STREET ADDRESS	1100 WILSON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, JIMMY L	4.2 NAME	
STREET ADDRESS	1100 WILSON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	☐ Change ☐ Addition
NAME	BALDWIN, CHRISTOPHER W	5.2 NAME	
STREET ADDRESS	1100 WILSON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CURLEY, JOHN J	6.2 NAME	
STREET ADDRESS	1100 WILSON BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Christopher W Baldwin 4/17/95 (703) 284-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Christopher W. Baldwin - Asst. Treasurer

0307003 FP