

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000718 (8)

1. Corporation Name
GANNETT NATIONAL NEWSPAPER SALES, INC.



Principal Place of Business ATTN: CHRISTOPHER W. BALDWIN 1100 WILSON BLVD., 28TH FLOOR ARLINGTON VA 22234	Mailing Address ATTN: CHRISTOPHER W. BALDWIN 1100 WILSON BLVD., 28TH FLOOR ARLINGTON VA 22234
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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
25	30

3. Date Incorporated or Qualified 12/15/1992	3a. Date of Last Report 04/24/1995
4. FEI Number 16-1067643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LYONS, SHELDON	
STREET ADDRESS	535 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YARUS, BETTE A	
STREET ADDRESS	535 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHAPPLE, THOMAS L	
STREET ADDRESS	1100 WILSON BLVD.	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS, JIMMY L	
STREET ADDRESS	1100 WILSON BLVD.	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BALDWIN, CHRISTOPHER W	
STREET ADDRESS	1100 WILSON BLVD.	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURLEY, JOHN J	
STREET ADDRESS	1100 WILSON BLVD.	
CITY-ST-ZIP	ARLINGTON VA 22234	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	

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*****200.00**

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)(k), 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 4/24/96 (703) 284-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Christopher W. Baldwin - Assistant Treasurer

CR2E034 (12/95)