

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

1-2

DOCUMENT # F93000000025 (7)

1. Corporation Name

NYT SPECIAL SERVICES, INC.



Principal Place of Business

Mailing Address

5520 PARK AVENUE
P.O. BOX 395
TRUMBULL CT 06611-0395

C/O LEGAL DEPT.
229 WEST 43RD STREET
NEW YORK NY 10036

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/04/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

06-1355963

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

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME FITZGERALD, JAMES W
STREET ADDRESS 5520 PARK AVE
CITY-ST-ZIP TRUMBULL CT 06611

☐ DELETE

TITLE SD
NAME CORWIN, LAURA J
STREET ADDRESS 229 WEST 43RD ST.
CITY-ST-ZIP NEW YORK NY 10036

☐ DELETE

TITLE V
NAME GORHAM, DAVID L
STREET ADDRESS 229 WEST 43RD ST.
CITY-ST-ZIP NEW YORK NY 10036

☐ DELETE

TITLE T
NAME THOMAS, RICHARD G
STREET ADDRESS 229 WEST 43RD ST.
CITY-ST-ZIP NEW YORK NY 10036

☐ DELETE

TITLE D
NAME DARROW, KATHARINE P
STREET ADDRESS 229 WEST 43RD STREET
CITY-ST-ZIP NEW YORK NY 10036

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA J. CORWIN 2/1/96 212-556-5995

SECRETARY

Date

Daytime Phone #

CR2E034 (12/95)

F4300000002J

1-2

ADDITION - FLORIDA

NYT SPECIAL SERVICES, INC.
5520 Park Avenue
P.O. Box 395
Trumbull, CT 06611-0395

V

Keith M. Levitt
5520 Park Avenue
Trumbull, CT 06611

T

Martha Greenough
229 West 43d Street
New York, NY 10036

T

Thomas H. Nied
229 West 43d Street
New York, NY 10036

T

Robert S. Tobin
229 West 43d Street
New York, NY 10036