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SECTION OF STATE

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | F9300000025  |
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| DOCUMENT # | F93000000025 |

| NYT SPECIAL SERVI | CES, | INC |
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|   |   |  |                         |                    | a deemar kind idida kind rakka ahin belik erik rekin belik erik berik berik belik berik berik idida kalik erik                                       | 1)    |
|---|---|--|-------------------------|--------------------|--|-------|
|   | ce of Business  | Mailing Address  |                         |                    |  |       |
| 5520 PARK AV<br>P.O. BOX 395<br>TRUMBULL CT |   | C/O LEGAL DEPT.<br>229 WEST 43RD STREET<br>NEW YORK NY 10036       |                         |                    | DO NOT WRITE IN THIS SPACE   |       |
| THOMOGEE OF                                 | 000110000   | HEN TOTAL NO.  |                         |                    | 3. Date incorporated or Qualifed   | Į     |
|   |   |  |                         |                    | 01/04/1993   | 1     |
| 2. Principal F                              | Place of Business   | 2a. Mailing Address  |                         |                    | 4. FEI Number Applied For  |       |
| 21  |   | 26   |                         |                    | 06-1355963 Not Applicab  | ile ] |
| Suite, Apt                                  | . #, etc  | Suite, Apt #, etc  |                         |                    | 5. Certificate of Status Desired [ ] \$8.75 Additional   |       |
| 22 Car & Ca                                 | 10  | City & State   |                         |                    | Fee Required   | {     |
| City & Sta                                  | te  | City & State   |                         |                    | 6. Election Campaign Financing Trust Fund Contribution 1 Added to Fees   | - }   |
| 23 (<br>Zip                                 | Country   |  | Country                 |                    | 8. This corporation owes the current year Intangible   |       |
| 24  | 25  | 29 30  | 1                       |                    | Personal Properly Tax [] Yes [] No   | 1     |
|   | 9. Name and Address of Current  | alaan ka ayaa ayaa ayaa ayaa ah a | ' .l .                  |                    | 10. Name and Address of New Registered Agent   |       |
| T. 15                                       | ADDITION HALL CORDODATION   | OVOTCHA INO  | 81                      | Name               |  | 1     |
|   | PRENTICE HALL CORPORATION   | SYSTEM, INC.   | 82                      | Street Addre       | ess (P.O. Box Number is Not Acceptable)  | )     |
|   | i hays street<br>Te 105   |  |                         |                    |  | 1     |
|   | LAHASSEE FL 32301   |  | 83                      |                    |  | ł     |
| IALI  | DATINGUEL I E 32301   |  | 84                      | City               | 85 Zip Code  | {     |
|   |   | · prancistraturi, prancis de la                                    |                         |                    | , , , , , , , , , , , , <b>FL</b> } <u> </u>   | . 1   |
| office or a                                 | to the provisions of Sections 607.0502<br>registered agent, or both, in the State of<br>im familiar with, and accept the obligation | Florida Such change was author                                     | orized by t             | the corporation    | oration submits this statement for the purpose of changing its registered<br>on's board of directors. I hereby accept the appointment as registered. |       |
| SIGNATURE                                   |   |  |                         |                    |  | - {   |
| 12.   | Signature, typed or printed name of registered agent a<br>OFFICERS AND  |  | istered Agent           | Segral de regime l | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  | . }   |
| TITLE                                       | P/D   | CI DELETE  | 11 Till 6               | [ D                | D [[Change   XAddit  | 100   |
| NAME  | FITZGERALD, JAMES W   |  | 12 NAME                 |                    | ORMAN, LEONARD P   | -     |
| STREET ADDRESS                              |   |  | 13 STREET               |                    | 29 W 43d ST  | j     |
| CITY-ST-ZIP                                 | TRUMBULL CT 06611   | ì  | 14 City-St              |                    | New YORK, NY 10036   | 1     |
| TITLE                                       | SD  | [ ] DELETE   | 21 TITLE                | 1                  | [ ] Change [ ] Add to  |       |
| NAME  | CORWIN, LAURA J   |  | 22 NAME                 | İ                  | amono2839474   | •     |
| STREET ADDRESS                              | 229 WEST 43RD ST.   | Ĭ  | 23 STREET               | ADORESS            | -8471579981895801  | 1     |
| CITY-ST-ZIP                                 | NEW YORK NY 10036   |  | 2.40(14-5)              | -2⊮                | ***************************************  |       |
| TITLE                                       | V   | [   DELETE   | 3.1 TITLE               |                    | [   Change   [ ] Addition  | 01    |
| NAME  | O'BRIEN, JOHN M   | i i  | 3.2 NAM!                |                    |  |       |
| STREET ADDRESS                              | 229 WEST 43RD ST.   |  | 33\$FREFT               | ADDRESS            |  | - {   |
| OTY-ST-ZIP                                  | NEW YORK NY   | · · · · · · · · · · · · · · · · · · ·                              | 34 CITY ST              | ZIP                |  |       |
| TITLE                                       | T   | []] DELETE   | 4 1 Tift.E              | 4                  | [ ] Change   | on    |
| NAME  | TAUS, ELLEN   |  | 4 2 NAME                |                    |  |       |
| STREET ADDRESS                              | 229 W 43RD ST   | <u> </u>   | 43 STREET               | ,                  |  |       |
| CITY-ST-ZIP                                 | NEW YORK NY 10036   | ENDELETE   | 44 CITY-ST-<br>51 TITLE | ZIP A              | [ I Change " AAddition   | 00    |
| TITLE NAME                                  | D<br>Darrow, Katharine P  |  | 5.2 NAME                |                    | BRAUCR, Rhowp4 L.  | -1    |
|   | 229 WEST 43RD STREET  | L  | 535"REFT                | ADORESS            | 129 W 43d ST   | - \   |
| STREET ADDRESS                              | NEW YORK NY 10036   |  | 54 CITY-S*-             |                    | New YORK NY 100.36   |       |
| TITLE                                       | V   | [   DELETE   | 6 1 TITLE               |                    | New YORK NY 10036 Crayle Brasin  | อูก 📗 |
| NAME  | Jekni   |  | € 2 NAME                | Le                 | EVITT, Keith   |       |
| STREET ADDRESS                              |   | Ì  | 63 STREET A             | KODRESS 🔊          | SS20 PARK AVC  | . ]   |
| CITY-ST-ZIP                                 |   |  | 64 CITY-ST-             |                    | TRUMBULL CT 06611  |       |
| 14. I hereby o                              | ertify that the information supplied with   | this filing does not qualify for the                               | exemplio                | n stated in Se     | ection 119 07(3)(i). Florida Statutes, I further certify that the information  |       |
| officer or o                                | on this annual report or supplemental addirector of the corporation or the receive or Block 13 if changed as on an attaching        | r or trustee empowered to execu                                    | ule this rep            | port as require    | shall have the same legal effect as if made under oath, that Lam an ed by Chapter 607, Florida Statutes, and that my name appears in                 |       |

SIGNATURE: \_

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 212-556-1/27