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**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000905 (9)

1. Corporation Name
FIRST SCRIPPS LEAGUE REALTY CO.



Principal Place of Business 2411 DULLES CORNER PARK SUITE 250 HERNDON VA 22071	Mailing Address 2411 DULLES CORNER PARK SUITE 250 HERNDON VA 20171-3430
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3. Date Incorporated or Qualified 02/23/1994	3a. Date of Last Report 02/14/1996
4. FEI Number 91-6028669	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 900 No. Tucker Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 900 No. Tucker Blvd. Suite, Apt. #, etc.
22 City & State 23 St. Louis, MO	27 City & State 28 St. Louis, MO
24 Zip 63101 Country	29 Zip 63101 Country

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 FL	

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 NAME STREET ADDRESS CITY-ST-ZIP	PTC SCRIPPS, E W HCR 1 CHARLOTTESVILLE VA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director and President Michael E. Pulitzer 900 No. Tucker Blvd. St. Louis, MO 63101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SCRIPPS, BETTY K HCR 1 CHARLOTTESVILLE VA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director and Sr. Vice Pres. Ronald H. Ridgway 900 No. Tucker Blvd. St. Louis, MO 63101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARKINS, ROGER N 2815 BARBER GREENE ROAD DEKALB IL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Director and Sr. Vice Pres. Nicholas G. Penniman IV 900 No. Tucker Blvd. St. Louis, MO 63101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WENDEL, THOMAS N 2411 DULLES CORNER PARK, STE 250 HERNDON VA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director and Vice President Thomas E. Jackson 900 No. Tucker Blvd. St. Louis, MO 63101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STOCK, DIANE K 2411 DULLES CORNER PARK SUITE 250 HERNDON VA <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Secretary James V. Maloney 900 No. Tucker Blvd. St. Louis, MO 63101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Treasurer James M. Vogelpohl 900 No. Tucker Blvd. St. Louis, MO 63101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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: *James M. Vogelpohl* **James M. Vogelpohl** 4/16/97 314-340-8447
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)