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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002848 (9)

1. Corporation Name

TRIBUNE NATIONAL MARKETING COMPANY

Principal Place of Business

435 N. MICHIGAN AVE.
SUITE 600
CHICAGO IL 60611
US

Mailing Address

435 N. MICHIGAN AVE.
SUITE 600
CHICAGO IL 60611-4001
US



3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 435 N. Michigan Ave.

26 435 N. Michigan Ave.

4. FEI Number

38-3166231

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

22 Suite Apt. #, etc.
Suite 600

27 Suite Apt. #, etc.
Suite 600

23 City & State
Chicago, IL

28 City & State
Chicago, IL

24 Zip
60611

25 Country
US

29 Zip
60611

30 Country
US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☒ Addition

NAME
CANTRELL, JOSEPH D.
STREET ADDRESS
435 N MICHIGAN AVE.
CITY-ST-ZIP
CHICAGO IL

V
Hiller, David D.
1.2 NAME
1.3 STREET ADDRESS
435 N. Michigan Ave.
1.4 CITY-ST-ZIP
Chicago, IL 60611

TITLE ☒ DELETE
NAME
GRADOWSKI, STANLEY J
STREET ADDRESS
435 N. MICHIGAN AVE.
CITY-ST-ZIP
CHICAGO IL

S
Kenney, Crane H.
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
435 N. Michigan Ave., Suite 600
2.4 CITY-ST-ZIP
Chicago, IL 60611

TITLE ☐ DELETE
NAME
HOLTZKAMP, ROBERT B
STREET ADDRESS
435 N. MICHIGAN AVE.
CITY-ST-ZIP
CHICAGO IL 60611

D
Gradowski, Stanley J.
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
435 N. Michigan Ave.
3.4 CITY-ST-ZIP
Chicago, IL 60611

TITLE ☐ DELETE
NAME
GRANAT, DAVID J
STREET ADDRESS
435 N. MICHIGAN AVE.
CITY-ST-ZIP
CHICAGO IL 60611

DV
Holzcamp, Robert B
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
435 N. Michigan Ave.
4.4 CITY-ST-ZIP
Chicago, IL 60611

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

312/222-3277

Date

Daytime Phone #

CR2E034 (9/96)