

5/3/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-03-2001 90082 038 ***150.00

DOCUMENT # F94000002848

1. Entity Name

TRIBUNE NATIONAL MARKETING COMPANY

Principal Place of Business

Mailing Address

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

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

- 48048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3166231**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE by Margaret Pike, Asst. Secretary
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/23/01

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **FULLER, J**
 STREET ADDRESS **435 N MICHIGAN AVE**
 CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **SD** ☐ Delete
 NAME **KENNEY, CRANE H.**
 STREET ADDRESS **435 N MICHIGAN AVE., SUITE 600**
 CITY-ST-ZIP **CHICAGO IL**

TITLE **DV** ☒ Delete
 NAME **HOLZCAMP, ROBERT B**
 STREET ADDRESS **435 N. MICHIGAN AVE.**
 CITY-ST-ZIP **CHICAGO IL**

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

TITLE **V** ☐ Delete
 NAME **HILLER, DAVID D**
 STREET ADDRESS **435 N MICHIGAN AVE**
 CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Hiller, David D**
 CITY-ST-ZIP **435 N. Michigan Ave.**
Chicago, IL 60611

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Crane H. Kenney 4-20-2001 312-222-3277

Date

Daytime Phone #

CR2E034 (10/00)