

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90847 042 ***150.00

DOCUMENT # F94000003381

1. Entity Name
PRESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**50 ROCKEFELLER PLAZA
 NEW YORK NY 10020**

**C/O DON F. BLAIR
 50 ROCKEFELLER PLAZA
 NEW YORK NY 10020-1605
 US**

000010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
Att: Tax Dept 6th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.
50 Rockefeller Plaza

City & State

City & State
New York, NY

4. FEI Number **13-1182832**

Applied For
 Not Applicable

Zip

Country

Zip
10020

Country
USA

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

**WALSH, KEVIN
 9100 NW 36TH ST., STE. 104
 MIAMI FL 33178**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 NAME - STREET ADDRESS CITY-ST-ZIP	PCEO BOCCARDI, LOUIS D 101 VANECK DR. NEW ROCHELLE NY 10804	<input type="checkbox"/> Delete
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	VS DONNA, JAMES M 96 LAKESIDE DR. KATONAH NY 10536	<input type="checkbox"/> Delete
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	VCFO O'BRIEN, PATRICK T- 8 SORRELL HILL COURT DIX HILLS NY 11746	<input type="checkbox"/> Delete
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, JAMES R 1909 WOOD VALLEY ROAD MCLEAN VA 22101	<input type="checkbox"/> Delete
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	V TEMPLE, WICK 10 BERKELEY ROAD MILBURN NJ 07041	<input type="checkbox"/> Delete
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	T JENSSEN, PAUL H 23 SEARINGTOWN ROAD SEARINGTOWN NY 11507	<input checked="" type="checkbox"/> Delete

TITLE NAME - STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	VP O'Brien, Patrick T. 215-38 23rd Road Bayside, NY 11360	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	C Newhouse, Donald E. 730 Park Avenue New York, NY 10021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 title empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED** **James M. Donna VP & Secretary** Date **2/7/2000** Daytime Phone # **(212) 621-6921**