


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90083 047 ***150.00

DOCUMENT # F94000003381

1. Entity Name
 PRESS ASSOCIATION, INC.



Principal Place of Business
 50 ROCKEFELLER PLAZA
 NEW YORK, NY 10020

Mailing Address
 ATTN: TAX DEPT 6TH FLOOR
 50 ROCKEFELLER PLAZA
 NEW YORK, NY 10020 US

2. Principal Place of Business
 450 West 33rd Street
 Suite, Apt. #, etc.

3. Mailing Address
 450 West 33rd Street
 Suite, Apt. #, etc.
 Attn: Tax Department

City & State
 New York, NY

City & State
 New York, NY

Zip
 10001

Country
 USA



04222005 Chg-P CR2E034 (10/03)

4. FEI Number
 13-1182832

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CURLEY, THOMAS 50 ROCKEFELLER PLAZA NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas Curley 450 West 33rd Street New York, NY 10001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS KEILT, JOHN K 50 ROCKEFELLER PLAZA NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior v.p. + secretary John K. Keitt Jr. 450 West 33rd Street New York, NY 10001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP BRETTINGEN, THOMAS 50 ROCKEFELLER PLAZA NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Thomas Brettingen 450 West 33rd Street New York, NY 10001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS WILLIAMS, JAMES R 50 ROCKEFELLER PLAZA NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Corporate Secretary James R. Williams 450 West 33rd Street New York, NY 10001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSBORNE, BURL 400 S. RECORD STREET DALLAS, TX 75202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Corp. Secretary David Tomlin 450 West 33rd Street New York, NY 10001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT HARRIS, TOMMY J 50 ROCKEFELLER PLAZA NEW YORK, NY 10020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerings.

SIGNATURE: John K. Keitt Jr. Date: 4/25/05 Daytime Phone #: (212) 621-7510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR