

FILE NOW: FILING FEE AFTER MAY 15TH IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004683 (6)
 1. Corporation Name
PACIFIC AND SOUTHERN COMPANY, INC.



Principal Place of Business 1611 W. PEACHTREE, NE ATLANTA GA 30309	Mailing Address 1611 W. PEACHTREE, NE ATLANTA GA 30309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 Market Street Suite, Apt. #, etc.		2a. Mailing Address 26 c/o Gannett Co., Inc. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/12/1996	
22. City & State 23 St. Louis, MO		27. City & State 28 Arlington, VA		4. FEI Number 13-2599556	
24. Zip 63101		29. Zip 22234		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.					
84. City					

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURLEY, JOHN J	1.2 NAME	
STREET ADDRESS	1100 WILSON BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORKINDALE, DOUGLAS H	2.2 NAME	
STREET ADDRESS	1100 WILSON BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, CECIL L	3.2 NAME	
STREET ADDRESS	1100 WILSON BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORKINDALE, DOUGLAS H	4.2 NAME	
STREET ADDRESS	1100 WILSON BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	4.4 CITY-ST-ZIP	
TITLE	VAT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EHRMAN, DANIEL S	5.2 NAME	AT Baldwin, Christopher W.
STREET ADDRESS	1100 WILSON BOULEVARD	5.3 STREET ADDRESS	1100 Wilson Blvd.
CITY-ST-ZIP	ARLINGTON VA 22234	5.4 CITY-ST-ZIP	Arlington, VA 22234
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, SUSAN P	6.2 NAME	
STREET ADDRESS	5050 MURPHY CANYON ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92123	6.4 CITY-ST-ZIP	

14. 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 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: *Christopher W. Baldwin* Assistant Treasurer 4/20/98 703-284-6000

CR2E034 (10/97)