

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000252

1. Entity Name

GANNETT SUPPLY CORPORATION

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90069 001 *3,300.00

Principal Place of Business

1100 WILSON BOULEVARD
ARLINGTON VA 22234

Mailing Address

1100 WILSON BOULEVARD
ARLINGTON VA 22234

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

16-0975199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	MORENO, KAREN R	
STREET ADDRESS	1100 WILSON BOULEVARD	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPPLE, THOMAS L	
STREET ADDRESS	1100 WILSON BOULEVARD	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MARTORE, GRACIA C	
STREET ADDRESS	1100 WILSON BOULEVARD	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BALDWIN, CHRISTOPHER W	
STREET ADDRESS	1100 WILSON BOULEVARD	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURLEY, JOHN J	
STREET ADDRESS	1100 WILSON BOULEVARD	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Christopher W Baldwin*
CHRISTOPHER W BALDWIN, ASSISTANT TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

Date

703-284-6000

Daytime Phone #

CR2E034 (5/00)