$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 30 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000252

1. Entity Name
GANNETT SUPPLY CORPORATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
7950 Jones Branch Drive	7950 Jones Branch Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: McLean, VA	City & State: McLean, VA
Zip: 22107 Country: USA	Zip: 22107 Country: USA

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

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION **FL** Zip Code: 33324

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

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DOUGLAS H. MCCORKINDALE 7950 JONES BRANCH DRIVE MCLEAN, VA 22107	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LARRY F. MILLER 7950 JONES BRANCH DRIVE MCLEAN, VA 22107	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700005504637--2 -05/13/02--01006--013 ****591.25 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KAREN R. MORENO 7950 JONES BRANCH DRIVE MCLEAN, VA 22107	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY THOMAS L. CHAPPLE 7950 JONES BRANCH DRIVE MCLEAN, VA 22107	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER GRACIA C. MARTORE 7950 JONES BRANCH DRIVE MCLEAN, VA 22107	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT TREASURER CHRISTOPHER W. BALDWIN 7950 JONES BRANCH DRIVE MCLEAN, VA 22107	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE Christopher W. Baldwin CHRISTOPHER W. BALDWIN ASSISTANT TREASURER 4/22/02 (703) 854-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #