FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000252

FILED

02 APR 30 PM 1:21

1. Enlity Name GANNETT SUPPLY-CORPORATION				SECRETÁRY OF STATE TALLAHASSEE, FLORIDA
	DO NOT WRITE	IN THIS S	PACE	
2. Principal Place of Business		3. Mailing Address		1 . <i></i>
7950 Jones Branch Drive Suite, Apt. #, etc.		7950 Jones Branch Drive Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.		Solid, r.p.c. #, old.		DO NOT WATE IN THIS STACE
City & State		City & State		4. FEI Number Applied For
McLean, VA		McLean, VA Zip Country		16=0975199 Not Applicable
Zip 22107	Country USA	22107	USA	5. Certificate of Status Desired Fee Required
22107				7. Name and Address of Current Registered Agent
North Control of the				ORPORATION SYSTEM:
				(P.O. Box Number is Not Acceptable) SOUTH PINE ISLAND ROAD
IN THIS SPACE				
1 1 1 H			rajara <u> </u>	
			City	TATION 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 .	Signature, typed or printed name of registered agen	and the flanolicable (NO	TE: Registered Agent signature require	ed when reinstatiboli DATE
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	January 1 After Ma	May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25 ible to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND	DIRECTORS		
THLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOUGLAS H. MCCORKINDALE 7950 JONES BRANCH DRIVE MCLEAN, VA 22107		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
THLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LARRY F. MILLER 7950 JONES BRANCH DRIVE MCLEAN, VA 22107		NAME STREET ADDRESS. CITY-ST-ZIP	7000055046372 -05/13/0201006013 *****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 CHY-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 SIRFET 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		THLE NAME STREET ADDRESS CITY-ST-ZIP	W518
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	

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 Christophile Seldiom CHRISTOPHER W. BALDWIN ASSISTANT TREASURER 4/22/02 (703) 854-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Description of Control Director Directo

CR2E034B (12/01)