

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90866 001 ***661.25

DOCUMENT # F99000003404

1. Entity Name

GANSAT NEW JERSEY PUBLISHING CO., INC.

Principal Place of Business

Mailing Address

**ONE GANNETT PLAZA
 MELBOURNE FL 32940**

**ONE GANNETT PLAZA
 MELBOURNE FL 32940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1947984

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

7. Name and Address of New Registered Agent

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

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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MICHAEL J	NAME	
STREET ADDRESS	ONE GANNETT PLAZA	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINK, BRUCE	NAME	
STREET ADDRESS	ONE GANNETT PLAZA	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPLE, THOMAS L	NAME	
STREET ADDRESS	1100 WILSON BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTORE, GRACIA C	NAME	
STREET ADDRESS	1100 WILSON BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, CHRISTOPHER W	NAME	
STREET ADDRESS	1100 WILSON BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURLEY, JOHN J	NAME	
STREET ADDRESS	1100 WILSON BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22234	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: *Michael J. Coleman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. COLEMAN

4/26/00

321-242-3500

Date

Daytime Phone #

CR2E034 (9/99)