2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F99000003404** May 19, 2000 8:00 am Secretary of State GANSAT NEW JERSEY PUBLISHING CO., INC. 05-19-2000 90866 001 ***661.25 Mailing Address Principal Place of Business ONE GANNETT PLAZA ONE GANNETT PLAZA MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 54-1947984 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTF: Registered Agent signature required when reinstating DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE COLEMAN, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS ONE GANNETT PLAZA CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** Change ☐ Addition Delete TITLE TITLE NAME KLINK, BRUCE NAME STREET ADDRESS STREET ADDRESS ONE GANNETT PLAZA CITY-ST-7IP CITY-ST-ZIP **MELBOURNE FL 32940** Delete TITLE ☐ Change ☐ Addition ŤITL F NAME CHAPPLE, THOMAS L NAME STREET ADDRESS 1100 WILSON BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ARLINGTON VA 22234** Delete TITLE ☐ Change ☐ Addition TITLE NAME MARTORE, GRACIA C NAME STREET ADDRESS STREET ADDRESS 1100 WILSON BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **ARLINGTON VA 22234** ☐ Delete ☐ Change ☐ Addition TITLE TITLE BALDWIN, CHRISTOPHER W NAME STREET ADDRESS 1100 WILSON BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ARLINGTON VA 22234** ☐ Change ☐ Delete TITLE ☐ Addition TITLE CURLEY, JOHN J NAME NAME STREET ADDRESS STREET ADDRESS 1100 WILSON BOULEVARD CITY-ST-ZIP CITY-ST-7IP **ARLINGTON VA 22234** 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.