FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M64230** **(9)**

1. Corporation Name

VJN INVESTMENTS INC.

Principal Place of Business	Mailing Address
5015 CAMPUSWOOD DR P.O. BOX 4872 E. SYRACUSE NY 13057	5015 CAMPUSWOOD DR P.O. BOX 4872 E. SYRACUSE NY 13057

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: [redacted]Campuswood Drive
22 Suite, Apt. #, etc.: -
23 City & State: E. Syracuse, NY
24 Zip: 13057
25 Country: USA

2a. Mailing Address: Attn: S. 26 350 Madison Ave. Kaupas
27 Suite, Apt. #, etc.: 15th Floor
28 City & State: New York, NY
29 Zip: 10017
30 Country: USA

4. FEI Number: 13-3445711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE		☐ Change ☐ Addition
NAME	NEWHOUSE, DONALD E.	12 NAME		
STREET ADDRESS	STAR-LEDGER PLAZA	13 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	14 CITY ST ZIP		
TITLE	DPT	21 TITLE		☐ Change ☐ Addition
NAME	MIRON, ROBERT J.	22 NAME		
STREET ADDRESS	5015 CAMPUSWOOD DR	23 STREET ADDRESS		
CITY ST ZIP	E SYRACUSE NY	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	NEWHOUSE, S. I., JR.	32 NAME		
STREET ADDRESS	350 MADISON AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY ST ZIP		
TITLE	SVP	41 TITLE		☐ Change ☐ Addition
NAME	CAVALLO, DANIEL P.	42 NAME		
STREET ADDRESS	5015 CAMPUSWOOD DR	43 STREET ADDRESS		
CITY-ST-ZIP	E SYRACUSE NY	44 CITY ST ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	NEWHOUSE, SAM	52 NAME		
STREET ADDRESS	30 JOURNAL SQUARE	53 STREET ADDRESS		
CITY ST ZIP	JERSEY CITY NJ	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this report is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S.I. Newhouse, Jr. 4/24/95 (212)880-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444701 FN