

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**  
 02-26-2002 90017 005 \*\*\*\*70.00

**DOCUMENT # N46314**  
 1. Entity Name  
**THE JOANNE HEARST LAWRENCE FOUNDATION, INC.**

Principal Place of Business <b>777 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH FL 33401</b>	Mailing Address <b>C/O TOM C. KLEIN 450 7TH AVE., SUITE 1109 NEW YORK NY 10123 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KOCHMAN, RONALD  
 C/O SCHULTE, ROTH, AND ZABEL  
 777 SOUTH FLAGLER DRIV  
 WEST PALM BCH. FL 33401**

4. FEI Number **65-0331600**  
 Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DP <b>LAWRENCE, JOANNE HEARST</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1508 EAST 31ST ST</b>	
CITY-ST-ZIP	<b>TULSA OK 74105</b>	
TITLE NAME	D <b>KLEIN, TOM C. C</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>450 SEVENTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10123</b>	
TITLE NAME	D <b>GAY, DEBORAH HEARST</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>210 JAMAICA LANE</b>	
CITY-ST-ZIP	<b>PALM BCH. FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>214 EL BRILLO WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33480</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *T. Klein* **REQUIRED** 2/6/02 212 594 3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)