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 APR 24 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04816** **(5)**

1. Corporation Name
GANNETT CO., INC.

Principal Place of Business	Mailing Address
1100 WILSON BLVD ARLINGTON VA 22234	1100 WILSON BLVD ARLINGTON VA 22234

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/29/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **16-0442930** ☐ 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	V	1.1 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, MADELYN P.	1.2 NAME		
STREET ADDRESS	1100 WILSON BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	CURLEY, JOHN J.	2.2 NAME		
STREET ADDRESS	1100 WILSON BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	CURLEY, JOHN J.	3.2 NAME		
STREET ADDRESS	1100 WILSON BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA	3.4 CITY-ST-ZIP		
TITLE	VS	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAPPLE, THOMAS L.	4.2 NAME		
STREET ADDRESS	1100 WILSON BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA	4.4 CITY-ST-ZIP		
TITLE	VT	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JIMMY L.	5.2 NAME		
STREET ADDRESS	1100 WILSON BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA	5.4 CITY-ST-ZIP		
TITLE	VC	6.1 TITLE	Vice President/Taxes	☑ Change ☐ Addition
NAME	MILLER, LARRY	6.2 NAME	Christopher W. Baldwin	
STREET ADDRESS	1100 WILSON BLVD.	6.3 STREET ADDRESS	1100 Wilson Blvd.	
CITY-ST-ZIP	ARLINGTON VA	6.4 CITY-ST-ZIP	Arlington, VA 22234	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Christopher W Baldwin 4/17/95 (703) 284-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Christopher W. Baldwin - VP/Taxes

0307000 FP