

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P04816 (5)

1. Corporation Name

GANNETT CO., INC.



Principal Place of Business

1100 WILSON BLVD
ARLINGTON VA 22234

Mailing Address

1100 WILSON BLVD
ARLINGTON VA 22234

3. Date Incorporated or Qualified
01/29/1985

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE
NAME JENNINGS, MADELYN P.
STREET ADDRESS 1100 WILSON BLVD.
CITY-ST-ZIP ARLINGTON VA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME CURLEY, JOHN J.
STREET ADDRESS 1100 WILSON BLVD.
CITY-ST-ZIP ARLINGTON VA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME CURLEY, JOHN J.
STREET ADDRESS 1100 WILSON BLVD.
CITY-ST-ZIP ARLINGTON VA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VS ☐ DELETE
NAME CHAPPLE, THOMAS L.
STREET ADDRESS 1100 WILSON BLVD.
CITY-ST-ZIP ARLINGTON VA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME THOMAS, JIMMY L.
STREET ADDRESS 1100 WILSON BLVD.
CITY-ST-ZIP ARLINGTON VA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME BLADWIN, CHRISTOPHER
STREET ADDRESS 1100 WILSON BLVD
CITY-ST-ZIP ARLINGTON VA

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Christopher W. Baldwin
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(703) 284-6000

Date

Daytime Phone #

CR2E034 (12/95)