

**FILING NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90032 024 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P13565**

1. Corporation Name  
**GUY GANNETT COMMUNICATIONS COMPANY**

Principal Place of Business Mailing Address  
**ONE CITY CENTER ONE CITY CENTER**  
**P.O. BOX 15277 P.O. BOX 15277**  
**PORTLAND ME 04101 PORTLAND ME 04101**

2. Principal Place of Business 2a. Mailing Address  
 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 City & State 27 City & State  
 Zip Country 28 Zip Country  
 25 29 30

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**03/10/1987**  
 4. FEI Number Applied For  
**01-0074735** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**MATEER, WILLIAM G.**  
**225 EAST ROBINSON STREET**  
**SUITE 600**  
**ORLANDO FL 32801**

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CORSON, MADELEINE G	
STREET ADDRESS	RR1 BOX 271	
CITY-ST-ZIP	YARMOUTH ME	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAFFER, JAMES B	
STREET ADDRESS	35 FORESIDE ROAD	
CITY-ST-ZIP	CUMBERLAND FORESIDE ME	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TIMOTHY	
STREET ADDRESS	1098 WEST ROYAL PALM RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BAKER, JAMES E.	
STREET ADDRESS	45 JEANNE ST.	
CITY-ST-ZIP	PORTLAND ME	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AGLER, NANCY L	
STREET ADDRESS	175 WESCOTT RD UNIT 11	
CITY-ST-ZIP	SOUTH PORTLAND ME	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GANNETT, JOHN	
STREET ADDRESS	4749 NE 112TH AVE	
CITY-ST-ZIP	SILVER SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	337 Pemisong Lane
1.4 CITY-ST-ZIP	Yarmouth, ME 04096
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Jane P. Begert **JANE BEGERT - Vice President 4/26/99** (207) 828-8100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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<u>Name:</u>	<u>Title:</u>	<u>Address:</u>
James B. Shaffer	President and CEO Director	One City Center P.O. Box 15277 Portland, ME 04112-5277
John H. Gannett	Vice President Director	Rt. 4, P.O. Box 58 Silver Springs, FL 32688
James E. Baker	Chief Financial Officer and Treasurer	45 Jeanne Street Portland, ME 04102
Nancy L. Agler	Secretary	195 Wescott Road South Portland, ME 04106
Madeleine G. Corson	Chairman of the Board Director	One City Center P.O. Box 15277 Portland, ME 04112-5277
Eric. P. Stauffer	Clerk	One City Center P.O. Box 9546 Portland, ME 04112-9546
Jane Beger	Vice President - Human Resources	One City Center P.O. Box 15277 Portland, ME 04112-5277
David Burfeind	Vice President - Planning and Development	One City Center P.O. Box 15277 Portland, ME 04112-5277
Michael Bock	Vice President - Television	One City Center P.O. Box 15277 Portland, ME 04112-5277

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<u>Name:</u>	<u>Title:</u>	<u>Address:</u>
Sam S. McKeel	Director	The Sun Times Company 401 N. Wabash Ave. Suite 740 Chicago, IL 60611
Clifford B. Corson	Director	2901 Boston St. Unit 308 Baltimore, MD 21224
Timothy A. Williams	Director	1098 West Royal Palm Road Boca Raton, FL 33486
Guy Gannett Williams	Director	P.O. Box 92 South Freeport, ME 04078
Patterson R. Gannett	Director	801 Belcher Road Boca Grand, FL 33921
Leslie C. Turner, Jr.	Director	125 NE First Ave., Suite 3 Ocala, FL 32670
Newton Merrill	Director	172 Beacon Street Boston, MA 02116
Walter Mattson	Director	34 Heather Drive Stamford, CT 06903
Dorothy A. Leonard	Director	Harvard Business School Soldiers Field Rd. Morgan T87 Boston, MA 02163