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 # P28951

1. Corporation Name

Tribune Properties, Inc.

Principal Place of Business — Mailing Address

3. Date Incorporated or Qualified: 04/17/1990
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21 435 North Michigan Ave.
Suite, Apt #, etc
22 Suite 1210
City & State
23 Chicago Illinois
Zip 24 60611 Country 25 U.S.A.

2a. Mailing Address
26 435 North Michigan Ave.
Suite, Apt #, etc
27 Suite 1210
City & State
28 Chicago, Illinois
Zip 29 60611 Country 30 U.S.A.

4. FEI Number: 36-3613028 — 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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE NAME Sloan, John T. STREET ADDRESS 435 N. Michigan Avenue CITY-ST-ZIP Chicago, IL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD ☐ DELETE NAME Martin, Arthur R. STREET ADDRESS 435 N. Michigan Avenue CITY-ST-ZIP Chicago, IL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD ☐ DELETE NAME Gradowski, Stanley J., Jr. STREET ADDRESS 435 N. Michigan Avenue CITY-ST-ZIP Chicago, IL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 300001730343 -03/04/96--01031--045 ***200.00
TITLE T ☐ DELETE NAME Mescher, Kenneth E. STREET ADDRESS 435 N. Michigan Avenue CITY-ST-ZIP Chicago, IL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AT ☐ DELETE NAME Chavez, Robert M. STREET ADDRESS 435 N. Michigan Avenue CITY-ST-ZIP Chicago, IL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AT ☒ DELETE NAME Friedman, Richard STREET ADDRESS 435 N. Michigan Avenue CITY-ST-ZIP Chicago, IL		6.1 TITLE AT 6.2 NAME Quinn, John F. 6.3 STREET ADDRESS 435 N. Michigan Avenue 6.4 CITY-ST-ZIP Chicago, IL	☐ Change ☒ Addition

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: Kenneth E. Mescher — Kenneth E. Mescher — 02/26/95 — 312/222-4521

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

02-26-96