

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # P39006 (2)  
1. Corporation Name  
THE HEARST CORPORATION



Principal Place of Business

Mailing Address

959 EIGHTH AVENUE  
NEW YORK NY 10019

959 EIGHTH AVENUE  
NEW YORK NY 10019

2. Principal Place of Business		2a. Mailing Address	
21	227 West Trade Street	26	227 West Trade Street
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Charlotte, NC	28	Charlotte, NC
Zip		Zip	
24	28202	29	28202
Country		Country	
25		30	

3. Date Incorporated or Qualified <b>05/28/1992</b>		3a. Date of Last Report <b>05/01/1995</b>	
4. FEI Number <b>13-0433120</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

<b>B1</b>	Name	
<b>B2</b>	Street Address (P.O. Box Number is Not Acceptable)	
<b>B3</b>		
<b>B4</b>	City	<b>B5</b> 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 respondent agent, and title if applicable: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HEARST, RANDOLPH A.	
STREET ADDRESS	959 8TH AVE.	
CITY - ST - ZIP	NEW YORK NY	

TITLE	CED	<input type="checkbox"/> DEL FIE
NAME	HEARST, GEORGE R JR	
STREET ADDRESS	959 8TH AVE.	
CITY - ST - ZIP	NEW YORK NY	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MAURER, GILBERT C	
STREET ADDRESS	959 8TH AVE.	
CITY-ST-ZIP	NEW YORK NY	

TITLE	V	<input type="checkbox"/> DELIST
NAME	BARRETT, DAVID J	
STREET ADDRESS	959 8TH AVE.	
CITY - ST - ZIP	NEW YORK NY	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	GANZI, VICTOR F.	
STREET ADDRESS	959 EIGHT AVE	
CITY - ST - ZIP	NEW YORK NY	

TITLE	Y	<input type="checkbox"/> DELETE
NAME	LEWIS, EDWIN A.	
STREET ADDRESS	959 8TH AVE	
CITY - ST - ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1 2 NAME			
1 3 STREET ADDRESS			
1 4 CITY-ST-ZIP			

2 1 TITLE	C, CE, D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2 2 NAME		XX	
2 3 STREET ADDRESS			
2 4 CITY-ST-ZIP			

3.1 TITLE	V D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP	200001700100		

4 1 TITLE	20000179546 Change	<input type="checkbox"/> Add on
4 2 NAME	-04/29/96-01089--009	
4 3 STREET ADDRESS	***200.00	
4 4 CITY - ST - ZIP		

5.1 TITLE	V D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	XX		
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 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: Edmund K. Lewis Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin A. Lewis

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

4/23/96

CR2E034 (12/95)