

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90204 039 ***150.00

DOCUMENT # **P39006**

1. Corporation Name

THE HEARST CORPORATION

Principal Place of Business

**227 WEST TRADE STREET
CHARLOTTE NC 28202**

Mailing Address

**227 WEST TRADE STREET
CHARLOTTE NC 28202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1992

4. FEI Number

13-0433120

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

25

29. Zip Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HEARST, RANDOLPH A.**

STREET ADDRESS **959 8TH AVE.**

CITY-ST-ZIP **NEW YORK NY**

TITLE **CCED** ☐ DELETE

NAME **HEARST, GEORGE R JR**

STREET ADDRESS **959 8TH AVE.**

CITY-ST-ZIP **NEW YORK NY**

TITLE **VD** ☒ DELETE

NAME **MAURER, GILBERT C**

STREET ADDRESS **959 8TH AVE.**

CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☒ DELETE

NAME **BARRETT, DAVID J**

STREET ADDRESS **959 8TH AVE.**

CITY-ST-ZIP **NEW YORK NY**

TITLE **VD** ☐ DELETE

NAME **GANZI, VICTOR F.**

STREET ADDRESS **959 EIGHT AVE**

CITY-ST-ZIP **NEW YORK NY**

TITLE **AT** ☐ DELETE

NAME **DIONYSIOS PSYHOGIOS**

STREET ADDRESS **227 WEST TRADE ST**

CITY-ST-ZIP **CHARLOTTE NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

John G. Conomikes

**VD
Raymond E. Joslin**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Psychogios

Asst. Treasurer

Date

Daytime Phone #

4/27/99

CR2E034 (11/98)

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