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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000905 (9)**

1. Corporation Name

FIRST SCRIPPS LEAGUE REALTY CO.



Principal Place of Business	Mailing Address
2411 DULLES CORNER PARK SUITE 250 HERNDON VA 22071	2411 DULLES CORNER PARK SUITE 250 HERNDON VA 20171-3430

3. Date Incorporated or Qualified 02/23/1994	3a. Date of Last Report 02/14/1996
4. FEI Number 91-6028669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 900 No. Tucker Blvd.	26 900 No. Tucker Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 St. Louis, MO	28 St. Louis, MO
Zip	Zip
24 63101	29 63101
Country	Country
25	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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTC	1.1 TITLE	Director and President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIPPS, E W	1.2 NAME	Michael E. Pulitzer
STREET ADDRESS	HCR 1	1.3 STREET ADDRESS	900 No. Tucker Blvd.
CITY-ST-ZIP	CHARLOTTESVILLE VA	1.4 CITY-ST-ZIP	St. Louis, MO 63101
TITLE	SV	2.1 TITLE	Director and Sr. Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIPPS, BETTY K	2.2 NAME	Ronald H. Ridgway
STREET ADDRESS	HCR 1	2.3 STREET ADDRESS	900 No. Tucker Blvd.
CITY-ST-ZIP	CHARLOTTESVILLE VA	2.4 CITY-ST-ZIP	St. Louis, MO 63101
TITLE	V	3.1 TITLE	Director and Sr. Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARKINS, ROGER N	3.2 NAME	Nicholas G. Penniman IV
STREET ADDRESS	2815 BARBER GREENE ROAD	3.3 STREET ADDRESS	900 No. Tucker Blvd.
CITY-ST-ZIP	DEKALB IL	3.4 CITY-ST-ZIP	St. Louis, MO 63101
TITLE	V	4.1 TITLE	Director and Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDEL, THOMAS N	4.2 NAME	Thomas E. Jackson
STREET ADDRESS	2411 DULLES CORNER PARK, STE 250	4.3 STREET ADDRESS	900 No. Tucker Blvd.
CITY-ST-ZIP	HERNDON VA	4.4 CITY-ST-ZIP	St. Louis, MO 63101
TITLE	AS	5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCK, DIANE K	5.2 NAME	James V. Maloney
STREET ADDRESS	2411 DULLES CORNER PARK SUITE 250	5.3 STREET ADDRESS	900 No. Tucker Blvd.
CITY-ST-ZIP	HERNDON VA	5.4 CITY-ST-ZIP	St. Louis, MO 63101
TITLE		6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	James M. Vogelpohl
STREET ADDRESS		6.3 STREET ADDRESS	900 No. Tucker Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Louis, MO 63101

14. I do 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.

SIGNATURE: *James M. Vogelpohl* **James M. Vogelpohl** 4/16/97 314-340-8447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)