

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002962

Entity Name: DETROIT FREE PRESS, INC.**Current Principal Place of Business:**7950 JONES BRANCH DR
MCLEAN, VA 22107**Current Mailing Address:**7950 JONES BRANCH DR
MCLEAN, VA 22107**FEI Number:** 38-0525150**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	DICKEY, ROBERT
Address	7950 JONES BRANCH DR
City-State-Zip:	MCLEAN VA 22107

Title	DIRECTOR
Name	LOUGEE, DAVID
Address	7950 JONES BRANCH DR
City-State-Zip:	MCLEAN VA 22107

Title	P
Name	JENEREAUX, JOYCE
Address	7950 JONES BRANCH DR
City-State-Zip:	MCLEAN VA 22107

Title	ASST. TREASURER
Name	POLCHOW, KEVIN
Address	7950 JONES BRANCH DR
City-State-Zip:	MCLEAN VA 22107

Title	S
Name	MAYMAN, TODD
Address	7950 JONES BRANCH DR
City-State-Zip:	MCLEAN VA 22107

Title	TREASURER
Name	HART, MICHAEL
Address	7950 JONES BRANCH DRIVE
City-State-Zip:	MCLEAN VA 22107

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN POLCHOW**ASST. TREASURER****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date