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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P25641 (2)

1. Corporation Name
HAAS PUBLISHING COMPANIES, INC.

Principal Place of Business

3119 CAMPUS DR.
NORCROSS GA 30071

Mailing Address

3119 CAMPUS DR.
NORCROSS GA 30071-1402



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/16/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1858150

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 SOUTH PINE ISLAND RD.
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 fee if applicable

(NOTE: Registered Agent signature required when re-stating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME METZ, ROBERT
STREET ADDRESS 3119 CAMPUS DR.
CITY-ST-ZIP NORCROSS GA

DELETE

TITLE V
NAME TILSON, RAYMOND
STREET ADDRESS 3119 CAMPUS DR.
CITY-ST-ZIP NORCROSS GA

DELETE

TITLE V
NAME PATTERSON, PATRICIA
STREET ADDRESS 3119 CAMPUS DR.
CITY-ST-ZIP NORCROSS GA

DELETE

TITLE V
NAME AUSTIN, GARY
STREET ADDRESS 3119 CAMPUS DRIVE
CITY-ST-ZIP NORCROSS GA

DELETE

TITLE T
NAME PARKER, GERRY
STREET ADDRESS 3119 CAMPUS DRIVE
CITY-ST-ZIP NORCROSS GA

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE C,D
2.2 NAME Reilly, William
2.3 STREET ADDRESS 745 Fifth Avenue
2.4 CITY-ST-ZIP New York, NY

Change Addition

3.1 TITLE D
3.2 NAME Farnsworth, Jack
3.3 STREET ADDRESS 745 Fifth Avenue
3.4 CITY-ST-ZIP New York, NY

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE V,T
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE V,S
6.2 NAME Riposanu, Ann
6.3 STREET ADDRESS 745 Fifth Avenue
6.4 CITY-ST-ZIP New York, NY

Change Addition

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: Vice President, Ass't Treasurer,
Chief Financial Officer 4/17/97 770-446-6580

CR2E034 (9/96)