

1.) CORPORATION NAME:

Meredith Corporation

DUE DATE: **8/31/2011**

SCC ID NO: **F0323438**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	80,000,000
COMB	15,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1716 LOCUST ST

CITY/ST/ZIP: DES MOINES, IA 50309-3023

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STEPHEN M LACY
TITLE: PRES/CEO
ADDRESS: 1716 LOCUST STREET
CITY/ST/ZIP/CO: DES MOINES, IA 50309-3023

OFFICER

DIRECTOR

NAME: JOSEPH H CERYANEC
TITLE: VP/CFO
ADDRESS: 1716 LOCUST STREET
CITY/ST/ZIP/CO: DES MOINES, IA 50309-3023

OFFICER

DIRECTOR

NAME: JOHN S ZIESER
TITLE: VP-GC/SEC
ADDRESS: 1716 LOCUST ST
CITY/ST/ZIP/CO: DES MOINES, IA 50309-

OFFICER

DIRECTOR

NAME: STEVEN M CAPPAERT
TITLE: CORP CONTROLLER
ADDRESS: 1716 LOCUST STREET
CITY/ST/ZIP/CO: DES MOINES, IA 50309-3023

OFFICER

DIRECTOR

NAME: JAMES R CRAIGIE
TITLE: DIRECTOR
ADDRESS: 469 N HARRISON ST
CITY/ST/ZIP/CO: PRINCETON, NJ 08543-

OFFICER

DIRECTOR

NAME: THOMAS HARTY TITLE: VICE PRESIDENT ADDRESS: 125 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PAUL KARPOWICZ TITLE: VICE PRESIDENT ADDRESS: 333 CAPITAL BOULEVARD CITY/ST/ZIP/CO: ROCKY HILL, CT 06067-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PHILIP MARINEAU TITLE: DIRECTOR ADDRESS: 3464 CLAY STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94118-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARY SUE COLEMAN TITLE: DIRECTOR ADDRESS: 2074 FLEMING BUILDING 503 THOMPSON STREET CITY/ST/ZIP/CO: ANN ARBOR, MI 48109-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALFRED DREWES TITLE: DIRECTOR ADDRESS: 17 NOLEN LANE CITY/ST/ZIP/CO: DARIEN, CT 06820-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FREDERICK HENRY TITLE: DIRECTOR ADDRESS: 100 WEST HALLAM STREET CITY/ST/ZIP/CO: ASPEN, CO 81611-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOEL JOHNSON TITLE: DIRECTOR ADDRESS: 301 N. MAIN STREET CITY/ST/ZIP/CO: AUSTIN, MN 55912-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: D MELL MEREDITH FRAZIER TITLE: DIRECTOR ADDRESS: 1716 LOCUST STREET CITY/ST/ZIP/CO: DES MOINES, IA 50309-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH TALLETT TITLE: DIRECTOR ADDRESS: 48 FEDERAL TWIST ROAD CITY/ST/ZIP/CO: STOCKTON, NJ 08559-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
<u>/s/ JOHN S ZIESER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOHN S ZIESER, VP-GC/SEC</u> PRINTED NAME AND CORPORATE TITLE
<u>8/30/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	