

| 1.) CORPORATION NAME:<br><b>Gannett Government Media Corporation</b>   | DUE DATE: <b>9/30/2012</b>   |       |            |        |        |        |        |
|--|--|-------|------------|--------|--------|--------|--------|
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX RD STE 301<br/>GLEN ALLEN, VA 23060-6802</b> | SCC ID NO: <b>F1083700</b>   |       |            |        |        |        |        |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION  |       |            |        |        |        |        |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>75,000</td> </tr> <tr> <td>PREFER</td> <td>25,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 75,000 | PREFER | 25,000 |
| CLASS  | AUTHORIZED   |       |            |        |        |        |        |
| COMMON   | 75,000   |       |            |        |        |        |        |
| PREFER   | 25,000   |       |            |        |        |        |        |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ARMY TIMES PUBL. CO., 6883 COMMERCIAL DRIVE

CITY/ST/ZIP: SPRINGFIELD, VA 22159

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: ELAINE HOWARD<br>TITLE: P/CEO<br>ADDRESS: 6883 COMMERCIAL DRIVE<br>CITY/ST/ZIP/CO: SPRINGFIELD, VA 22159 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|--|-------------------------------------|---------|--------------------------|----------|

|   |                                     |         |                          |          |
|---|-------------------------------------|---------|--------------------------|----------|
| NAME: JOHN A WILLIAMS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 7950 JONES BRANCH DR<br>CITY/ST/ZIP/CO: MCLEAN, VA 22107 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|---|-------------------------------------|---------|--------------------------|----------|

|   |                                     |         |                          |          |
|---|-------------------------------------|---------|--------------------------|----------|
| NAME: MICHAEL A HART<br>TITLE: TREASURER<br>ADDRESS: 7950 JONES BRANCH DR<br>CITY/ST/ZIP/CO: MCLEAN, VA 22107 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|---|-------------------------------------|---------|--------------------------|----------|

|   |                                     |         |                          |          |
|---|-------------------------------------|---------|--------------------------|----------|
| NAME: SALLY K CLURMAN<br>TITLE: ASST TREASURER<br>ADDRESS: 7950 JONES BRANCH DR<br>CITY/ST/ZIP/CO: MCLEAN, VA 22107 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|---|-------------------------------------|---------|--------------------------|----------|

|   |                          |         |                                     |          |
|---|--------------------------|---------|-------------------------------------|----------|
| NAME: GRACIA C MARTORE<br>TITLE: DIRECTOR<br>ADDRESS: 7950 JONES BRANCH DRIVE<br>CITY/ST/ZIP/CO: MCLEAN, VA 22107 | <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.

|  |                                     |           |
|--|-------------------------------------|-----------|
| /s/ SALLY K CLURMAN                                    | SALLY K CLURMAN, ASST<br>TREASURER  | 9/27/2012 |
| SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE<br>TITLE | 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.