

1.) CORPORATION NAME:

HEARST COMMUNICATIONS, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1778671**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	5,550
COMBNV	950

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 WEST 57TH ST

CITY/ST/ZIP: NEW YORK, NY 10019

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.

<p>NAME: DAVID J BARRETT TITLE: SR VP ADDRESS: 300 WEST 57TH ST CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RONALD J. DOERFLER TITLE: SR. VP ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD P. MALLOCH TITLE: SR VP ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SCOTT M. SASSA TITLE: SR VP ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK E. ALDAM TITLE: SR. VP ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EVE B. BURTON TITLE: VICE PRESIDENT ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID CAREY SR VP 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLTON J. CHARLES VP, TREASURER 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN DELORENZO VICE PRESIDENT 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALFREDO GATTO VICE PRESIDENT 214 NORTH TRYON STREET CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK HASSON VICE PRESIDENT 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A. HOBBS VICE PRESIDENT 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEERAJ KHEMLANI VICE PRESIDENT 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE T. KILAVKOFF VICE PRESIDENT 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L. KORS VICE PRESIDENT 214 NORTH TRYON STREET CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER P. PASCHKE VICE PRESIDENT 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MITCHELL SCHERZER Sr. VP, CFO 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA SHRIVER VICE PRESIDENT 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JORDAN M. WERTLIEB VICE PRESIDENT 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE A. BOSTRON SECRETARY 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVE B. BURTON ASST SECRETARY 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY R. LECHICH ASST TREASURER 214 NORTH TRYON STREET CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY M. LOEB ASST SECRETARY 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J. HARVEY ASST TREASURER 214 NORTH TRYON STREET CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN MCDONALD ASST TREASURER 214 NORTH TRYON STREET CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWIN A. RUSGO ASST TREASURER 214 NORTH TRYON STREET CHARLOTTE, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M ASHER SRVP/CL&DEV OFR 300 WEST 57TH ST NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK A BENNACK JR CEO/V CHAIRMAN 300 W 57TH ST NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R. SWARTZ President/COO 300 WEST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANISSA B. BALSON DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID F. CAREY DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A. CLINTON DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN G. CONOMIKES DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. DUNCAN EDWARDS DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AUSTIN HEARST DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN T. HEARST DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE R. HEARST, III DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R. HEARST, III DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARVEY L. LIPTON DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: GILBERT C. MAURER TITLE: DIRECTOR ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK F. MILLER TITLE: DIRECTOR ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VIRGINIA HEARST RANDT TITLE: DIRECTOR ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Philip R. Wiser TITLE: Sr. VP ADDRESS: 300 West 57th Street CITY/ST/ZIP/CO: New York, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input 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/ DAVID L. KORS	DAVID L. KORS, VICE PRESIDENT	1/18/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE 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.		