2000	UNIFORM BUSH	NESS REPO	RT	(UBI	R)		F	н бі	n		
DOCUMENT # 491252 1. Entity Name						FILED Mar 13, 2000 8:00 am					
KNIGHT	-RIDDER, INC.				Secretary of State 03-13-2000 90062 043 ***158.75						
Dringing) Plag		Maillee Address		<u> </u>			03-13-2000	90062 04	3 ***15	8.75	
Principal Place of Business 50 W SAN FERNANDO STREET		Mailing Address 50 W SAN FERNANDO STREET			ĺ						
SUITE 1500 SAN JOSE CA 95113 US		SUITE 1500 SAN JOSE CA 95113-2434 US			. : 68111 8(8)		-				
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State				4. FEI Number	38-0723657			plied For t Applicable	
Zip Country		Zip Cour		ntry		5. Certificate of	Status Desired	₩ \$8	3.75 Add	litional d	1
	egistered Agent		Name		7. Name and Ad	dress of New Re	gistered Age	ent			
CT CORPORATION				Street Address (P.O. Box Number is Not Acceptable)							
) South Pine Island Road Ntation FL 33324									-	
			City		FL Zip Code						
8. The above	named entity submits this statement for t	he purpose of changing its r	registere	ed office or	r registere	d agent, or both,	in the State of Flori	da			1
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE:	: Registere	d Agent signat	ure required v	when reinstating)		DATE			
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!		•		10. Electi	on Campaign Fina	ncing	\$5.0	0 May Be	1
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				e	Fund Contribution.		Addeo	to Fees	
11. TITLE	V OFFICERS AND D		12. TITLE		T	ADDITIONS/CH	IANGES TO OFFIC		RECTOR	S IN 11	-) ĝ
NAME STREET ADDRESS CITY-ST-ZIP	EFFREN, GARY 50 W SAN FERNANDO STREET SAN JOSE CA 95113		NAM STRE					L			CR2F034 (9/99)
TITLE	V	Delete	TITU		C			X	Change	Addition	
NAME STREET ADDRESS CITY - ST - ZIP	RIDDER, P. ANTHONY 50 W SAN FERNANDO STREET SAN JOSE CA 95113			ie Eet address '- St-Zip							
TITLE NAME	S POLK, LAFFOON	Delete	TITLE			-24		Ľ] Change	Addition	
STREET ADDRESS	50 W SAN FERNANDO STREET SAN JOSE CA 95113			EET ADDRESS '- ST - ZIP							
TITLE	SVCF	Delete	TITLI	 E] Change	Addition	1
NAME STREET ADDRESS	JONES, ROSS 50 W SAN FERNANDO STREET		NAM	ie Eet address							
CITY-ST-ZIP TITLE	SAN JOSE CA 95113	Delete	CITY	'-ST-ZIP E					Change	Addition	-{
NAME STREET ADDRESS	SILVERGLAT, ALAN 50 W SAN FERNANDO STREET		NAM	e Et address				_	- •		
CITY-ST-ZIP	SAN JOSE CA 95113		CITY	'-ST-ZIP							
TITLE NAME	avp Hauswirth, lynda	🗖 Delete	titli Nam					Ľ] Change	Addition	
STREET ADDRESS City - St - Zip	50 W SAN FERNANDO STREET SAN JOSE CA 95113			eet address '- St- Zip						_	
13. I hereby of indicated of the cor changed.	certify that the information supplied with th on this report or supplemental report is tr poration or the repeiver of trustee empow or on an attachment with an address, with	his filing does not qualify for ue and accurate and that m ered to execute this report a h all other like empowered.	the exe ly signa as requi	mption sta ture shall h red by Cha	ted in Sec have the s apter 607,	ction 119.07(3)(i), ame legal effect a Florida Statutes;	Florida Statutes. I f s if made under oa and that my name	urther certify ith, that I am appears in B	that the i an officer lock 11 o	nformation or director Block 12 if]
SIGNAT	URE: Ariet	Lynda			IRT	h FEB	142000	408	-938	-7745	
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER O	OR DIRECT	TOR			Date	Dayti	me Phone #		