

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90029 026 ***158.75

0683009

DOCUMENT # 491252

1. Entity Name

KNIGHT-RIDDER, INC.

Principal Place of Business
50 W SAN FERNANDO STREET
SUITE 1500
SAN JOSE CA 95113
US

Mailing Address
50 W SAN FERNANDO STREET
SUITE 1500
SAN JOSE CA 95113
US

2. Principal Place of Business

3. Mailing Address

KNIGHT RIDDER TAX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-0723657**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	EFFREN, GARY	
STREET ADDRESS	50 W SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	C	<input type="checkbox"/> Delete
NAME	RIDDER, P. ANTHONY	
STREET ADDRESS	50 W SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	S	<input type="checkbox"/> Delete
NAME	POLK, LAFFOON.	
STREET ADDRESS	50 W SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	SVCF	<input checked="" type="checkbox"/> Delete
NAME	JONES, ROSS	
STREET ADDRESS	50 W SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SILVERGLAT, ALAN	
STREET ADDRESS	50 W SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	HAUSWIRTH, LYNDA	
STREET ADDRESS	50 W SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D James I. CASH, JR	
STREET ADDRESS	50 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynda Hauswirth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2001

Date

Daytime Phone #

CR2E034 (10/00)