2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 491252

Entity Name: KNIGHT-RIDDER, INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
50 W SAN FERNANDO STREET SUITE 1500								
SAN JOSE,		US						
Current Mailing Address:				New Mailing Address:				
KNIGHT RIDDER TAX 50 W SAN FERNANDO ST, SUITE 1500 SAN JOSE, CA 95113 US			KNIGHT RIDDER TAX DEPT 50 W SAN FERNANDO ST, SUITE 1200 SAN JOSE, CA 95113 US					
FEI Number:	38-0723657	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status	Desired (X)	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:			
CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US								
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:								
	Electronic	Signature of Registered Agent	t			Date		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR						ND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V ()E EFFREN, GARY 50 W SAN FERN SAN JOSE, CA			Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	C () E RIDDER, P. ANTH 50 W SAN FERN SAN JOSE, CA	ANDO STREET		Title: Name: Address: City-St-Zip:	C/D (X) RIDDER, P. ANT 50 W SAN FERN SAN JOSE, CA	NANDO STREET		
Title: Name: Address: City-St-Zip:	S () E POLK, LAFFOON 50 W SAN FERN SAN JOSE, CA	ANDO STREET		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () C CASH, JAMES I C 50 W SAN FERN SAN JOSE, CA	ANDO STREET		Title: Name: Address: City-St-Zip:	YAMATE, GORD	NANDO STREET		
Title: Name: Address: City-St-Zip:	D () E CONNORS, MAR 50 W SAN FERN SAN JOSE, CA	ANDO ST		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	AVP () E HAUSWIRTH, LY 50 W SAN FERN SAN JOSE, CA	ANDO STREET		Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA HAUSWIRTH AV 04/29/2003