

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90088 045 ***158.75

DOCUMENT # F95000003827

1. Entity Name

KR NET VENTURES, INC.

Principal Place of Business

% KNIGHT-RIDDER, INC.
50 W SAN FERNANDO ST
SAN JOSE CA 95113

Mailing Address

KNIGHT RIDDER TAX
50 W SAN FERNANDO ST. STE 1500
SAN JOSE CA 95113
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0644743

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2002 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 ☐ Delete
NAME **D RIDDER, P. ANTHONY**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D ROSS, STEVEN I**
STREET ADDRESS **50 W. SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D CONNERS, MARY J**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D MCCOMAS, FRANK**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE ☐ Change ☒ Addition
NAME **D Ceppos, Jerome**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE, CA 95113**

TITLE ☒ Delete
NAME **PD SILVERGLAT, ALAN G**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE ☐ Change ☒ Addition
NAME **P/AT EFFREN, GARY**
STREET ADDRESS **50 WEST SAN FERNANDO ST.**
CITY-ST-ZIP **SAN JOSE, CA 95113**

TITLE ☐ Delete
NAME **AVP HAUSWIRTH, LYNDA**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE ☐ Change ☐ 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

2/6/02

Daytime Phone #

CR2E034 (9/01)