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Apr 26, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005104

1. Corporation Name
ITHR, INC.



Principal Place of Business
**% KNIGHT RIDDER, INC.
1 HERALD PLAZA
MIAMI FL 33192**

Mailing Address
**% KNIGHT RIDDER, INC.
1 HERALD PLAZA
MIAMI FL 33192**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**Knight + Ridder
50 W. SAN FERNANDO ST
Suite, Apt. #, etc.
Suite 1500
City & State
SAN JOSE CA
Zip
95113
Country
US**

2a. Mailing Address
**Knight + Ridder
50 W. SAN FERNANDO ST
Suite, Apt. #, etc.
Suite 1500
City & State
SAN JOSE, CA
Zip
95113
Country
US**

3. Date Incorporated or Qualified 09/10/1998	4. FEE Number APPLIED FOR 65-0851159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOT E: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PAT ROSSI, STEVEN B
STREET ADDRESS	1 HERALD PLAZA
CITY-ST-ZIP	MIAMI FL 33192
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	EVAT HENRY, GORDON
STREET ADDRESS	1 HERALD PLAZA
CITY-ST-ZIP	MIAMI FL 33192
TITLE	<input type="checkbox"/> DELETE
NAME	VTD JONES, ROSS
STREET ADDRESS	1 HERALD PLAZA
CITY-ST-ZIP	MIAMI FL 33192
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S HARRIS, DOUGLAS C
STREET ADDRESS	1 HERALD PLAZA
CITY-ST-ZIP	MIAMI FL 33192
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	AS HATTON, KATHERINE
STREET ADDRESS	1 HERALD PLAZA
CITY-ST-ZIP	MIAMI FL 33192
TITLE	<input type="checkbox"/> DELETE
NAME	AT SILVERGLAT, ALAN
STREET ADDRESS	1 HERALD PLAZA
CITY-ST-ZIP	MIAMI FL 33192

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hall, Robert J.
1.3 STREET ADDRESS	1 Herald Plaza
1.4 CITY-ST-ZIP	MIAMI FL 33132
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EVAT Rossi, Steven B.
2.3 STREET ADDRESS	1 Herald Plaza
2.4 CITY-ST-ZIP	MIAMI FL 33132
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	50 W SAN FERNANDO ST.
3.3 STREET ADDRESS	SAN JOSE, CA 95113
3.4 CITY-ST-ZIP	SAN JOSE, CA 95113
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LAFPOON, POLK
4.3 STREET ADDRESS	50 W. SAN FERNANDO ST.
4.4 CITY-ST-ZIP	SAN JOSE, CA 95113
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AV Hauswirth Lynda
5.3 STREET ADDRESS	50 W. SAN FERNANDO ST
5.4 CITY-ST-ZIP	SAN JOSE, CA 95113
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	50 W. SAN FERNANDO ST
6.3 STREET ADDRESS	SAN JOSE, CA 95113
6.4 CITY-ST-ZIP	SAN JOSE, CA 95113

14. 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 annual report or supplemental annual 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 2 or Block 13 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

3/25/99

408-938-7745

Date

Daytime Phone #

CR2E034 (11/98)

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