

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002920

Entity Name: CAREERBUILDER, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

200 N. LASALLE ST
SUITE 1100
CHICAGO, IL 60601

New Principal Place of Business:

200 N. LASALLE ST
SUITE 1100
CHICAGO, IL 60601 US

Current Mailing Address:

200 N. LASALLE ST
SUITE 1100
CHICAGO, IL 60601

New Mailing Address:

200 N. LASALLE ST
SUITE 1100
CHICAGO, IL 60601 US

FEI Number: 68-0516495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRIBUNE COMPANY
Address: 435 NORTH MICHIGAN AVENUE
City-St-Zip: CHICAGO, IL 60611

Title: MGRM () Delete
Name: GANNETT CO., INC.
Address: 7950 JONES BRANCH DRIVE
City-St-Zip: MCLEAN, VA 22107

Title: MGRM () Delete
Name: THE MCCLATCHY COMPANY
Address: 2100 Q ST
City-St-Zip: SACRAMENTO, CA 95816

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LYDA HAGEN

D

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date