

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90014 029 \*\*\*158.75

0592899

**DOCUMENT # M89767**

1. Entity Name  
**RICHWOOD INC.**

Principal Place of Business  
**KNIGHT RIDDER**  
**50 W SAN FERNANDO ST STE 1500**  
**SAN JOSE CA 95113**  
**US**

Mailing Address  
**KNIGHT RIDDER**  
**50 W SAN FERNANDO ST STE 1500**  
**SAN JOSE CA 95113**  
**US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**KNIGHT RIDDER TAX**  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0106857**  
 Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CT CORPORATION**  
**1200 S PINE ISLAND RD**  
**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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JONES, ROSS</b> <b>50 W SAN FERNANDO ST</b> <b>SAN JOSE CA 95113</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LAFFOON, POLK</b> <b>50 W SAN FERNANDO ST</b> <b>SAN JOSE CA 95113</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>HAUSWIRTH, LYNDA</b> <b>50 W SAN FERNANDO ST</b> <b>SAN JOSE CA 95113</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAPMAN, ALVAH</b> <b>ONE HERALD PLAZA</b> <b>SAN JOSE CA 95113</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONNORS, MARY JEAN</b> <b>50 W SAN FERNANDO ST</b> <b>SAN JOSE CA 95113</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCOMAS, FRANK</b> <b>50 W SAN FERNANDO ST</b> <b>SAN JOSE CA 95113</b>	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>ALAN G. Silverglat</b> <b>50 W. SAN FERNANDO ST.</b> <b>SAN JOSE, CA 95113</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEVEN ROSSI</b> <b>50 W. SAN FERNANDO ST.</b> <b>SAN JOSE, CA 95113</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**3/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)