

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92194 048 ***158.75

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 TAX
50 W SAN FERNANDO ST STE 1500
SAN JOSE, CA 95113 US

90126003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **AS** ☐ Delete
NAME **LILLY, ADRIENNE**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE, CA 95113**

TITLE **S** ☐ Delete
NAME **LAFFOON, POLK**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE, CA 95113**

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

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

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

TITLE **AT** ☐ Delete
NAME **EFFREN, GARY**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE, CA 95113**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **D/P**
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Lynda Hauswirth

4/23/03

4089387700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)