


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90211 029 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M92351

1. Corporation Name
DAGREN, INC.



Principal Place of Business ONE HERALD PLAZA MIAMI FL 33132	Mailing Address C/O KRI TAX DEPARTMENT ONE HERALD PLAZA MIAMI FL 33132 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Knight Ridder Tax Knight Ridder Tax 50 W. San Fernando St 50 W. San Fernando St Suite 1500 Suite 1500 San Jose, CA San Jose, CA 95113 95113		3. Date Incorporated or Qualified 08/03/1988	4. FEI Number 65-0106805
22. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable	
23. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
24. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

DOUGLAS C. HARRIS
 ONE HERALD PLAZA
 MIAMI FL 33132

10. Name and Address of New Registered Agent

81. Name **CT CORPORATION**
 82. Street Address **1200 So. Pine Island Road**
 83. City **Plantation** FL 85. Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY 5-27-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D. CONNORS, MARY J	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE HERALD PLAZA	1.2 NAME
CITY-ST-ZIP	MIAMI FL 33132	1.3 STREET ADDRESS
TITLE	ST. HARRIS, DOUGLAS C.	1.4 CITY-ST-ZIP
STREET ADDRESS	ONE HERALD PLAZA	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	MIAMI FL 33132	2.2 NAME
TITLE	AT PRYOR, BRENDA ROGERS	2.3 STREET ADDRESS
STREET ADDRESS	ONE HERALD PLAZA	2.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D. CHAPMAN, ALVAH	3.2 NAME
STREET ADDRESS	ONE HERALD PLAZA	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33132	3.4 CITY-ST-ZIP
TITLE	D. MCCOMAS, FRANK	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE HERALD PLAZA	4.2 NAME
CITY-ST-ZIP	MIAMI FL 33132	4.3 STREET ADDRESS
TITLE		4.4 CITY-ST-ZIP
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Lynda Hauswirth* Lynda Hauswirth 3/25/99 408-938-7745

Signature and Types or Printed Names of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/198)

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