


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09532** (5)  
1. Corporation Name  
**KNIGHT-RIDDER, INC. FUND**

Principal Place of Business <b>ONE HERALD PLAZA ONE HERALD PLAZA MIAMI FL 33132 US</b>	Mailing Address <b>C/O KRI TAX DEPT ONE HERALD PLAZA MIAMI FL 33132 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/30/1985</b>	4. FEI Number <b>59-2610440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**DAVIS, DOUGLAS  
ONE HERALD PLAZA  
MIAMI FL 33101**

10. Name and Address of New Registered Agent 81 Name <b>Douglas C. Harris</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>One Herald Plaza</b> 83 City <b>Miami, FL 33132</b> 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Douglas C. Harris** *[Signature]* **4/2/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	
NAME	<b>RIDDER, ANTHONY P</b>	
STREET ADDRESS	<b>ONE HERALD PLAZA</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	
NAME	<b>FONTAINE, JOHN C.</b>	
STREET ADDRESS	<b>ONE HERALD PLAZA</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AT</b>	
NAME	<b>SILVERGLAT, ALAN</b>	
STREET ADDRESS	<b>ONE HERALD PLAZA</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AT</b>	
NAME	<b>PRYOR, BRENDA R</b>	
STREET ADDRESS	<b>ONE HERALD PLAZA</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPTD</b>	
NAME	<b>JONES, ROSS</b>	
STREET ADDRESS	<b>ONE HERALD PLZ</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	
NAME	<b>HARRIS, DOUGLAS C</b>	
STREET ADDRESS	<b>ONE HERALD PLAZA</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Brenda Rogers Pryor** **2/4/98** **305-376-3958**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)