

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90211 025 ****70.00

DOCUMENT # N09532

1. Corporation Name

KNIGHT-RIDDER, INC. FUND

Principal Place of Business

ONE HERALD PLAZA
ONE HERALD PLAZA
MIAMI FL 33132
US

Mailing Address

C/O KRI TAX DEPT
ONE HERALD PLAZA
MIAMI FL 33132
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/30/1985

4. FEI Number

59-2610440

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, DOUGLAS C.
ONE HERALD PLAZA
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 **CT CORPORATION**
82 Street Address (P.O. Box is Not Acceptable)
1200 S. Pine Island Road
83
84 City **Plantation** FL 85 Zip Code **33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETEPD
NAME RIDDER, ANTHONY P
STREET ADDRESS ONE HERALD PLAZA
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETED
NAME FONTAINE, JOHN C.
STREET ADDRESS ONE HERALD PLAZA
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETEAT
NAME SILVERGLAT, ALAN
STREET ADDRESS ONE HERALD PLAZA
CITY-ST-ZIP MIAMI FLTITLE ☒ DELETEAT
NAME PRYOR, BRENDA R
STREET ADDRESS ONE HERALD PLAZA
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETEVPTD
NAME JONES, ROSS
STREET ADDRESS ONE HEARLD PLZ
CITY-ST-ZIP MIAMI FLTITLE ☒ DELETES
NAME HARRIS, DOUGLAS C
STREET ADDRESS ONE HERALD PLAZA
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS **50 W. SAN FERNANDO ST**
1.4 CITY-ST-ZIP **SAN JOSE, CA 95113**2.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS **50 W. SAN FERNANDO ST**
3.4 CITY-ST-ZIP **SAN JOSE, CA 95113**4.1 TITLE ☐ Change ☒ AdditionA V P
NAME HAUSWIRTH, Lynda
4.2 NAME
4.3 STREET ADDRESS **50 W. SAN FERNANDO ST**
4.4 CITY-ST-ZIP **SAN JOSE, CA 95113**5.1 TITLE ☒ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS **50 W. SAN FERNANDO ST**
5.4 CITY-ST-ZIP **SAN JOSE, CA 95113**6.1 TITLE ☐ Change ☒ AdditionS
NAME LAFFOON, POIK
6.2 NAME
6.3 STREET ADDRESS **50 W. SAN FERNANDO ST**
6.4 CITY-ST-ZIP **SAN JOSE, CA 95113**

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, with all other like empowered.

SIGNATURE

Lynda Hauswirth
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

408-938-7745

Date

Daytime Phone #

CR2E037 (11/98)