

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09532

1. Entity Name

KNIGHT-RIDDER, INC. FUND

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90042 039 ****70.00

Principal Place of Business	Mailing Address
ONE HERALD PLAZA ONE HERALD PLAZA MIAMI FL 33132 US	C/O KRI TAX DEPT ONE HERALD PLAZA MIAMI FL 33132-1609 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-2610440		Not Applicable	
5. Certificate of Status Desired		Additional Fee Required	
<input checked="" type="checkbox"/>		\$8.75	
6. Name and Address of Current Registered Agent			
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 _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	RIDDER, ANTHONY P	NAME	
STREET ADDRESS	50 W SAN FERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95113	CITY-ST-ZIP	
TITLE	D	TITLE	D
NAME	FONTAINE, JOHN C.	NAME	STEVENSON, KAREN
STREET ADDRESS	ONE HERALD PLAZA	STREET ADDRESS	50 W SAN FERNANDO ST
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	SAN JOSE CA 95113
TITLE	AT	TITLE	
NAME	SILVERGLAT, ALAN	NAME	
STREET ADDRESS	50 W SAN FERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95113	CITY-ST-ZIP	
TITLE	AV	TITLE	AVP
NAME	AUSWIRTH, LYNDIA	NAME	HAUSWIRTH, Lynda
STREET ADDRESS	50 W SAN FERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95113	CITY-ST-ZIP	
TITLE	VPTD	TITLE	
NAME	JONES, ROSS	NAME	
STREET ADDRESS	50 W SAN FERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95113	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	LAFFOON, POLK	NAME	
STREET ADDRESS	50 W SAN FERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95113	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 617, 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 FEB 14 2000 408-938-7745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)