

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09532

1. Entity Name

KNIGHT-RIDDER, INC. FUND

Principal Place of Business

C/O KNIGHT RIDER TAX
50 W SAN FERNANDO ST
SAN JOSE CA 95113
US

Mailing Address

C/O KNIGHT RIDER TAX
50 W SAN FERNANDO ST
SAN JOSE CA 95113
US

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 59-2610440

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

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.

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIDDER, ANTHONY P ☐ Delete
STREET ADDRESS 50 W SAN FERNANDO ST
CITY-ST-ZIP SAN JOSE CA 95113

TITLE D
NAME CEPPOS, JEROME ☐ Delete
STREET ADDRESS 50 W. SANFERNANDO ST.
CITY-ST-ZIP SAN JOSE CA 95113

TITLE AT
NAME SILVERGLAT, ALAN ☒ Delete
STREET ADDRESS 50 W SAN FERNANDO ST
CITY-ST-ZIP SAN JOSE CA 95113

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME RIDDER, P. ANTHONY ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90234 039 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)