2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# N09532

Entity Name: KNIGHT-RIDDER, INC. FUND

Current Principal Place of Business:

50 W SAN FERNANDO ST
SAN JOSE, CA 95113 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2610440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	RIDDER, P ANTHONY	
Address:	50 W SAN FERNANDO ST, STE 1500	
City-St-Zip:	SAN JOSE, CA 95113	
Title:	D	( ) Delete
Name:	CEPPOS, JEROME	
Address:	50 W. SANFERNANDO ST., STE 1500	
City-St-Zip:	SAN JOSE, CA 95113	
Title:	V/T	( ) Delete
Name:	EFFREN, GARY	
Address:	50 W SAN FERNANDO ST, STE 1500	
City-St-Zip:	SAN JOSE, CA 95113	
Title:	AV	( ) Delete
Name:	HAUSWIRTH, LYNDA	
Address:	50 W SAN FERNANDO ST, STE 1200	
City-St-Zip:	SAN JOSE, CA 95113	
Title:	S	( ) Delete
Name:	LAFFOON, POLK	
Address:	50 W SAN FERNANDO ST, STE 1500	
City-St-Zip:	SAN JOSE, CA 95113	
Title:	D	( ) Delete
Name:	CONNORS, MARY JEAN	
Address:	50 W SAN FERNANDO ST, STE 1500	
City-St-Zip:	SAN JOSE, CA 95113	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA HAUSWIRTH AV 02/16/2005

Electronic Signature of Signing Officer or Director — Date