## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09532

Entity Name: KNIGHT-RIDDER, INC. FUND

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	FERNANDO S , CA 95113	T US			
Current Mailing Address:			New Mailir	New Mailing Address:	
50 W SAN	IT RIDER TAX FERNANDO S , CA 95113				
FEI Number:	59-2610440	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PLANTATION The above	E ISLAND RD ON, FL 33324	US ubmits this statement for the pur	pose of changing it	s registered office or registered agent, or both,	
in the State					
SIGNATURE: Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:				S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RIDDER, PANTI 50 W SAN FERN SAN JOSE, CA S	ANDO ST, STE 1500 95113	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CEPPOS, JEROI	ANDO ST., STE 1500	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BRISBANE, ARTHUR 50 W. SANFERNANDO ST. STE 1500 SAN JOSE, CA 95113	
Title: Name: Address: City-St-Zip:	EFFREN, GARY	Delete ANDO ST, STE 1500 95113	Title: Name: Address: City-St-Zip:	AT (X) Change ( ) Addition EFFREN, GARY 50 W SAN FERNANDO ST, STE 1500 SAN JOSE, CA 95113	
Title: Name: Address: City-St-Zip:	HAUSWIRTH, LY	ANDO ST, STE 1200	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition WANG, ALICE 50 W SAN FERNANDO ST, STE 1500 SAN JOSE, CA 95113	
Title: Name: Address: City-St-Zip:	LAFFOON, POLI	ANDO ST, STE 1500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CONNORS, MAR	ANDO ST, STE 1500	Title: Name: Address: City-St-Zip:	AS/D (X) Change ( ) Addition YAMATE, GORDON 50 W SAN FERNANDO ST, STE 1500 SAN JOSE, CA 95113	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GARY EFFREN AT 04/12/2006