FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:50

DOCUMENT # P06996 (3)

1. Corporation Name
KNIGHT-RIDDER FINANCIAL, INC.

Principal Place of Business	Mailing Address
2020 W 89TH ST ONE HERALD PLAZA LEAWOOD KS 66206 US	C/O TAX DEPT 1 HERALD PLZ MIAMI FL 33132-1609 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1985
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: 43-0617844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, PAUL T.	1.2 NAME		
STREET ADDRESS	8833 FAIRWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEAWOOD KS	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, DOUGLAS C.	2.2 NAME		
STREET ADDRESS	ONE HERALD PLAZA	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	SVFO	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ROSS	3.2 NAME		
STREET ADDRESS	8498 OLD CUTLER RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BATTEN, JAMES K.	4.2 NAME		
STREET ADDRESS	ONE HERALD PLAZA	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	VAS	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	LEVINE, LARRY A.	5.2 NAME	Mary Jean Connors	
STREET ADDRESS	14201 SW 16 ST	5.3 STREET ADDRESS	One Herald Plaza	
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	Miami, FL 33132	
TITLE	AT	6.1 TITLE		☐ Change ☐ Addition
NAME	SHERIFF, STEPHEN	6.2 NAME		
STREET ADDRESS	4444 ALTON RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Douglas C. Harris 1/25/95 (305) 376-3884
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION TO SIGN — Title — Daytime Phone #

0133040 CP