

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P06996** (3)

1. Corporation Name
KNIGHT-RIDDER FINANCIAL, INC.



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

3. Date Incorporated or Qualified: **08/06/1985**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **43-0817844**
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

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)

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
85 Zip Code **FL**

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: _____ (Signature of person named as registered agent and the taxpayer)

(Signature of Registered Agent and taxpayer if registered agent is not named)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, PAUL T.	
STREET ADDRESS	8833 FAIRWAY	
CITY - ST - ZIP	LEAWOOD KS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, DOUGLAS C.	
STREET ADDRESS	ONE HERALD PLAZA	
CITY - ST - ZIP	MIAMI FL	
TITLE	SVFO	<input type="checkbox"/> DELETE
NAME	JONES, ROSS	
STREET ADDRESS	8496 OLD CUTLER RD.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATTEN, JAMES K.	
STREET ADDRESS	ONE HERALD PLAZA	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNORS, MARY J	
STREET ADDRESS	ONE HERALD PLAZA	
CITY - ST - ZIP	MIAMI FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	SHERIFF, STEPHEN	
STREET ADDRESS	4444 ALTON RD	
CITY - ST - ZIP	MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Tierney, Patrick J.	
13 STREET ADDRESS	One Herald Plaza	
14 CITY - ST - ZIP	Miami FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	VASB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Ridder, P. Anthony	
43 STREET ADDRESS	One Herald Plaza	
44 CITY - ST - ZIP	Miami, FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Silverglat, Alan	
63 STREET ADDRESS	One Herald Plaza	
64 CITY - ST - ZIP	Miami, FL	

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)(k) 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, in an attachment with an address.

SIGNATURE: **Douglas C. Harris, Secretary** 5/29/96 305-376-3884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)