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

APPROVED AND FILED

95 MAR -8 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26648 (6)

1. Corporation Name

(F/K/A DIALOG INFORMATION SERVICES, INC.) *Name Change

Knight-Ridder Information, Inc.

Principal Place of Business	Mailing Address
3460 HILLVIEW AVE. 3460 HILLVIEW AVENUE PALO ALTO CA 94304 US	ATTN: TAX ACCT. 3460 HILLVIEW AVENUE PALO ALTO CA 94304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/30/1989

3a. Date of Last Report: 02/16/1994

2. Principal Place of Business
21 2440 El Camino Real
Suite, Apt. #, etc.: 22
City & State: 23 Mountain View, CA
Zip: 24 94040-1400 Country: 25 USA

2a. Mailing Address c/o KRI Tax Dept.
26 One Herald Plaza
Suite, Apt. #, etc.: 27
City & State: 28 Miami, FL 33132
Zip: 29 33132 Country: 30 USA

4. FEI Number: 94-2735336 ☐ 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 S. PINE ISLAND ROAD
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	PCEO	11 TITLE	President & CEO	☒ Change ☐ Addition
NAME	TIERNEY, PATRICK J	12 NAME	Patrick J. Tierney	
STREET ADDRESS	3460 HILLVIEW AVE.	13 STREET ADDRESS	2440 El Camino Real	
CITY-ST-ZIP	PALO ALTO CA	14 CITY-ST-ZIP	Mountain View, CA 94040-1400	
TITLE	S	21 TITLE	Secretary	☒ Change ☐ Addition
NAME	SIMON, ROBERT A.	22 NAME	Robert A. Simons	
STREET ADDRESS	51 COLLEGE AVE.	23 STREET ADDRESS	2440 El Camino Real	
CITY-ST-ZIP	LOS GATOS CA	24 CITY-ST-ZIP	Mountain View, CA 94040-1400	
TITLE	VP	31 TITLE	Vice President	☒ Change ☐ Addition
NAME	LAWRENSON, WILLIAM H.	32 NAME	William H. Lawrenson	
STREET ADDRESS	20090 GLASGOW DRIVE	33 STREET ADDRESS	2440 El Camino Real	
CITY-ST-ZIP	SARATOGA CA	34 CITY-ST-ZIP	Mountain View, CA 94040-1400	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BATTEN, JAMES K.	42 NAME		
STREET ADDRESS	4060 KARORA STREET	43 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, ALVAH H	52 NAME		
STREET ADDRESS	ONE HERALD PLAZA	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	SVP	61 TITLE	VP & Asst. Treasurer	☒ Change ☐ Addition
NAME	JONES, ROSS	62 NAME	Ross Jones	
STREET ADDRESS	ONE HEARLD PLZ	63 STREET ADDRESS	One Herald Plaza	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	Miami, FL 33132	

3/10

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 2/22/95 (305) 376-3884
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EMPOWERED ON DIRECTOR — Date — Daytime Phone #

0303200 CP