

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P26648** (6)
1. Corporation Name
KNIGHT-RIDDER INFORMATION, INC.



Principal Place of Business

**2440 EL CAMINO REAL
MOUNTAIN VIEW CA 94040-1400
US**

Mailing Address

**C/O KRI TAX DEPT.
ONE HERALD PLAZA
MIAMI FL 33132**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified
10/30/1989

3a. Date of Last Report
03/08/1995

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

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PCEO

NAME

TIERNEY, PATRICK J

STREET ADDRESS

2440 EL CAMINO REAL

CITY - ST - ZIP

MOUNTAIN VIEW CA

TITLE

S

NAME

SIMMONS, ROBERT A

STREET ADDRESS

2440 EL CAMINO REAL

CITY - ST - ZIP

MOUNTAIN VIEW CA

TITLE

VP

NAME

LAWRENSEN, WILLIAM H

STREET ADDRESS

2440 EL CAMINO REAL

CITY - ST - ZIP

MOUNTAIN VIEW CA

TITLE

D

NAME

BATTEN, JAMES K.

STREET ADDRESS

4060 KARORA STREET

CITY - ST - ZIP

COCONUT GROVE FL

TITLE

D

NAME

CHAPMAN, ALVAH H

STREET ADDRESS

ONE HERALD PLAZA

CITY - ST - ZIP

MIAMI FL

TITLE

VPAT

NAME

JONES, ROSS

STREET ADDRESS

ONE HERALD PLZ

CITY - ST - ZIP

MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PCEO

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Mountain View CA

2.1 TITLE

VPLS

☒ Change

☐ Addition

2.2 NAME

Simons, Robert A.

2.3 STREET ADDRESS

2440 El Camino Real

2.4 CITY - ST - ZIP

Mountain View CA

3.1 TITLE

VPTCFO

☐ Change

☒ Addition

3.2 NAME

Papano, Peter

3.3 STREET ADDRESS

2440 El Camino Real

3.4 CITY - ST - ZIP

Mountain View CA

4.1 TITLE

D

☐ Change

☒ Addition

4.2 NAME

Ridder, P. Anthony

4.3 STREET ADDRESS

One Herald Plaza

4.4 CITY - ST - ZIP

Miami FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

VATD

☒ Change

☐ Addition

6.2 NAME

One Herald Plaza

6.3 STREET ADDRESS

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)(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, or on an attachment with an address.

SIGNATURE:

Ross Jones, Vice President/Ass't Treasurer

305-376-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)