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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P26648** (6)

1. Corporation Name
KNIGHT-RIDDER INFORMATION, INC.

Principal Place of Business	Mailing Address
2440 EL CAMINO REAL MOUNTAIN VIEW CA 94040-1400 US	C/O KRI TAX DEPT. ONE HERALD PLAZA MIAMI FL 33132-1609

3. Date Incorporated or Qualified: **10/30/1989**
3a. Date of Last Report: **06/06/1996**
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

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

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	☒ DELETE	1.1 TITLE	PCEO	☐ Change ☒ Addition
NAME	TIERNEY, PATRICK J		1.2 NAME	Jeffrey S. Galt	
STREET ADDRESS	2440 EL CAMINO REAL		1.3 STREET ADDRESS	2440 El Camino Real	
CITY-ST-ZIP	MOUNTAIN VIEW CA		1.4 CITY-ST-ZIP	Mountain View CA	
TITLE	VPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMONS, ROBERT A.		2.2 NAME		
STREET ADDRESS	2440 EL CAMINO REAL		2.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNTAIN VIEW CA		2.4 CITY-ST-ZIP		
TITLE	VPTC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PAPANO, PETER		3.2 NAME		
STREET ADDRESS	2440 EL CAMINO REAL		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNTAIN VIEW CA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIDDER, P. ANTHONY		4.2 NAME		
STREET ADDRESS	ONE HERALD PLAZA		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	Assistant Treasurer	☐ Change ☒ Addition
NAME	CHAPMAN, ALVAH H		5.2 NAME	Brenda Rogers Pryor	
STREET ADDRESS	ONE HERALD PLAZA		5.3 STREET ADDRESS	One Herald Plaza	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL	
TITLE	VATD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ROSS		6.2 NAME		
STREET ADDRESS	ONE HERALD PLAZA		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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.

Brenda Rogers Pryor _____ 305-376-3813

CR2E034 (9/96)