

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90234 040 \*\*\*158.75

0616913 AT

**DOCUMENT # P95000042322**

1. Entity Name

**KNIGHT RIDDER LEASING COMPANY**

Principal Place of Business

Mailing Address

**1 HERALD PLAZA  
 MIAMI FL 33132**

**KNIGHT RIDDER TAX  
 50 W. SAN FERNANDO ST  
 SAN JOSE CA 95113**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0585004**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION  
 1200 S. PINE ISLAND RD  
 FORT LAUDERDALE FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.



**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
**S. LAFFEON, POLK**  
 STREET ADDRESS  
**50 W. SAN FERNANDO ST**  
 CITY-ST-ZIP  
**SAN JOSE CA 95113**

TITLE NAME ☒ Change ☐ Addition  
**LAFFEON, POLK**

TITLE NAME ☒ Delete  
**VPT SILVERGLAT, ALAN**  
 STREET ADDRESS  
**50 W. SAN FERNANDO ST.**  
 CITY-ST-ZIP  
**SAN JOSE CA 95113**

TITLE NAME ☐ Change ☒ Addition  
**AS Lilly, Adrienne**  
 STREET ADDRESS  
**50 W. SAN FERNANDO ST**  
 CITY-ST-ZIP  
**SAN JOSE, CA 95113**

TITLE NAME ☐ Delete  
**VPT EFFREN, GARY**  
 STREET ADDRESS  
**50 W. SAN FERNANDO ST.**  
 CITY-ST-ZIP  
**SAN JOSE CA 95113**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
**AVP HAUSWIRTH, LYNDA**  
 STREET ADDRESS  
**50 W. SAN FERNANDO ST**  
 CITY-ST-ZIP  
**SAN JOSE CA 95113**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
**D ROSSI, STEVEN**  
 STREET ADDRESS  
**50 W. SAN FERNANDO ST**  
 CITY-ST-ZIP  
**SAN JOSE CA 95113**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
**D CONNORS, MARY JEAN**  
 STREET ADDRESS  
**50 W. SAN FERNANDO ST**  
 CITY-ST-ZIP  
**SAN JOSE CA 95113**

TITLE NAME ☐ Change ☐ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Lynda Hauswirth**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/02**  
 Date

Daytime Phone #

CR2E034 (9/01)