

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92194 021 ***158.75

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1. Entity Name
KNIGHT RIDDER LEASING COMPANY



Principal Place of Business
**1 HERALD PLAZA
MIAMI, FL 33132**

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

90126008



2. Principal Place of Business

3. Mailing Address

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0585004

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **AS**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **AS**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **V/T**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **AV**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Lynda Hauswirth

4/28/03
Date

408 938 7700
Daytime Phone #

CR2E034 (10/02)