

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90064 015 ***158.75

DOCUMENT # P97000081062

1. Entity Name
KRI PROPERTY, INC.

Principal Place of Business KNIGHT RIDDER TAX 50 W. SAN FERNANDO ST., SUITE 1500 SAN JOSE CA 95113	Mailing Address KNIGHT RIDDER TAX 50 W. SAN FERNANDO ST., SUITE 1500 SAN JOSE CA 95113
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0789132	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, STEVEN		NAME		
STREET ADDRESS	50 W. SAN FERNANDO ST		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA 95113		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, MARY JEAN		NAME		
STREET ADDRESS	50 W. SAN FERNANDO ST.		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA 95113		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERGLAT, ALAN		NAME	Lilly, Adrienne	
STREET ADDRESS	50 W. SAN FERNANDO ST.		STREET ADDRESS	50 W. SAN FERNANDO ST.	
CITY-ST-ZIP	SAN JOSE CA 95113		CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EFFREN, GARY		NAME		
STREET ADDRESS	50 W. SAN FERNANDO ST.		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA 95113		CITY-ST-ZIP		
TITLE	AVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSWIRTH, LYNDA		NAME		
STREET ADDRESS	50 W. SAN FERNANDO ST.		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA 95113		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFFOON, POLK		NAME		
STREET ADDRESS	50 W. SAN FERNANDO ST.		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA 95113		CITY-ST-ZIP		

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)