

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 834521 (7)**

1. Corporation Name  
**T.Y. LIN INTERNATIONAL**

Principal Place of Business <b>825 BATTERY ST                  SAN FRANCISCO CA 94111</b>	Mailing Address <b>825 BATTERY ST                  SAN FRANCISCO CA 94111</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/12/1975</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>94-1598707</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PURPLE, GEORGE</b> <b>7835 SUNNYMEADE DR N</b> <b>JACKSONVILLE FL 32211</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 officer 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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZWEIGHAFT, SIMON	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	825 BATTERY ST SAN FRANCISCO CA	1.2 NAME	<b>P/O KAWAS, WILLIAM E.</b>
CITY-ST-ZIP		1.3 STREET ADDRESS	<b>825 BATTERY STREET</b>
TITLE	DVP JAMES, TAI	1.4 CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94111</b>
STREET ADDRESS	825 BATTERY ST SAN FRANCISCO CA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.2 NAME	<b>D/SVP</b>
TITLE	S PETERSON, ROBERT A	2.3 STREET ADDRESS	
STREET ADDRESS	825 BATTERY ST. SAN FRANCISCO CA	2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD BERMAN, JOBY	3.2 NAME	<b>D/SVP/T/S</b>
STREET ADDRESS	5960 N MILWAUKEE AVE CHICAGO IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP ASHLEY, MARK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5030 CCAMINO DE LA SIESTA # 204 SAN DIEGO CA	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	C TANG, MAN-CHUNG	4.4 CITY-ST-ZIP	
STREET ADDRESS	825 BATTERY ST. SAN FRANCISCO CA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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: *William E. Kawas* **1-29-98 (415)291-3700**

CR2E034 (10/97)