

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **834521** (7)
1. Corporation Name
T.Y. LIN INTERNATIONAL

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1975	
21		26		4. FEI Number 94-1598707	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PURPLE, GEORGE
7835 SUNNYMEADE DR N
JACKSONVILLE FL 32211**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

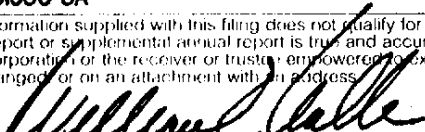
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZWEIGHAFT, SIMON	
STREET ADDRESS	825 BATTERY ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	JAMES, TAI	
STREET ADDRESS	825 BATTERY ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PETERSON, ROBERT A	
STREET ADDRESS	825 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BERMAN, JOBY	
STREET ADDRESS	5960 N MILWAUKEE AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ASHLEY, MARK	
STREET ADDRESS	5030 CCAMINO DE LA SIESTA # 204	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	TANG, MAN-CHUNG	
STREET ADDRESS	825 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAWAS, WILLIAM E.	
1.3 STREET ADDRESS	825 BATTERY STREET	
1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
2.1 TITLE	D/SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	D/SVP/T/3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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



1-29-98 (46)291-3700

CR2E034 (1097)