

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29 1998 8:00am
Secretary of State

0118002

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **839235**

(9)

1. Corporation Name

F.M.E. CORPORATION

Principal Place of Business

**30955 HUNTWOOD AVE
HAYWARD CA 94544**

Mailing Address

**30955 HUNTWOOD AVE
HAYWARD CA 94544**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1977

4. FEI Number

94-2388882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MAHLSTEDT, NEIL**
STREET ADDRESS **944 SHORELINE ROAD LBS**
CITY-ST-ZIP **BARRINGTON IL**

TITLE **VP** ☐ DELETE

NAME **DICKSON, STEPHEN M**
STREET ADDRESS **4425 GREENS CT**
CITY-ST-ZIP **LIVERMORE CA**

TITLE **VP** ☐ DELETE

NAME **WEBER, JEAN**
STREET ADDRESS **1537 WILLARD ST**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **VP** ☐ DELETE

NAME **ADKINS, ANTHONY**
STREET ADDRESS **6324 CALLE ALTA MIRA PL**
CITY-ST-ZIP **PLEASANTON CA**

TITLE **VP** ☐ DELETE

NAME **HILLEGASS, ROBERT**
STREET ADDRESS **1588 VIEW DRIVE**
CITY-ST-ZIP **SAN LEANDRO CA**

TITLE **VP** ☐ DELETE

NAME **MENDOSA, ROBERT**
STREET ADDRESS **4198 HAZELHURST COURT**
CITY-ST-ZIP **PLEASANTON CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

 REQUIRED

7-13-98

CR2E034 (5/98)