

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Randa B. Northam  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003172 (4)

1. Corporation Name

ROAD RESCUE INCORPORATED

Principal Place of Business  
9494 S.W. FREEWAY, SUITE 100  
HOUSTON TX 77074

Mailing Address  
9494 S.W. FREEWAY, SUITE 100  
HOUSTON TX 77074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6666 Harwin Drive		26 6666 Harwin Drive		07/09/1993		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 170		27 Suite 170		76-0211807		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Houston, Texas		28 Houston, Texas		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		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	
24 77036		29 77036		Country		Country	
25 USA		30 USA					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HINSLEY, RAY		1.2 NAME	see attached			
STREET ADDRESS	9494 S.W. FREEWAY, SUITE 100		1.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP				
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HINSLEY, PATRICIA J		2.2 NAME	see attached			
STREET ADDRESS	9494 S.W. FREEWAY, SUITE 100		2.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HINSLEY, GEORGE R		3.2 NAME	see attached			
STREET ADDRESS	9494 S.W. FREEWAY, SUITE 100		3.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77074		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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: \_\_\_\_\_ SIGNATURE REQUIRED 115 310 941

CR2E034 (4/97)

**ROAD RESCUE, INC.  
BOARD OF DIRECTORS AND OFFICERS**

<b>Chairman</b>	Kevin Taweel Road Rescue, Inc. 1700 South El Camino Real Suite 502 San Mateo, California 94402
<b>President/Secretary</b>	R. James Ellis Road Rescue, Inc. 1700 South El Camino Real Suite 502 San Mateo, California 94402
<b>Chief Financial Officer</b>	Christopher Thomajan Road Rescue, Inc. 1700 South El Camino Real Suite 502 San Mateo, California 94402
<b>Vice President - Marketing</b>	William Clark Road Rescue, Inc. 1240 Iroquois Avenue Suite 510 Naperville, Illinois 60563
<b>Director</b>	David Dodson ADAP Auto Palace 625 Bodwell Street Extension Suite 600 Avon, Massachusetts 02322
<b>Director</b>	William Egan Burr, Egan, Deleage & Co. 1 Post Office Square Suite 3800 Boston, Massachusetts 02109
<b>Director</b>	H. Irving Grousbeck Stanford Graduate School of Business Stanford University 350 Memorial Way Room L-330 Stanford, California 94305-5105
<b>Director</b>	Robert Oster 3000 Sand Hill Road Building 3, Suite 210 Menlo Park, California 94025
<b>Director</b>	Joel Peterson Peterson Ventures 111 East Broadway Suite 1080 Salt Lake City, Utah 84111-5225