

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003363 (9)

1. Corporation Name

AMPCO SYSTEM PARKING, INC.



Principal Place of Business

**808 SOUTH OLIVE STREET
LOS ANGELES CA 90014**

Mailing Address

**808 SOUTH OLIVE STREET
LOS ANGELES CA 90014**

2. Principal Place of Business

21 50 Fremont Street

Suite, Apt. #, etc.

22 4th Floor

City & State

23 San Francisco

Zip

24 94105

Country

25 San Francisco

2a. Mailing Address

26 50 Fremont Street

Suite, Apt. #, etc.

27 4th Floor

City & State

28 San Francisco

Zip

29 94105

Country

30 San Francisco

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

07/22/1993

3a. Date of Last Report

07/07/1995

4. FET Number

95-2495556

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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, type or printed name of registered agent and title if a specialist)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD**
STREET ADDRESS **ROSENBERG, SYDNEY J**
CITY-ST-ZIP **9831 W. PICO BLVD
LOS ANGELES CA 90035**

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **BARNETT, THOMAS D**
CITY-ST-ZIP **808 S. OLIVE ST.
LOS ANGELES CA 90014**

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **STEELE, WILLIAM W**
CITY-ST-ZIP **50 FREMONT ST #2600
SAN FRANCISCO CA 94105**

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **NASABAL, DENNIS**
CITY-ST-ZIP **808 S. OLIVE ST
LOS ANGELES CA 90014**

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **BOWLUS, DOUGLAS B**
CITY-ST-ZIP **50 FREMONT ST #2600
SAN FRANCISCO CA 94105**

TITLE ☐ DELETE

NAME **AS**
STREET ADDRESS **NACHMANN, SHIRLEY H**
CITY-ST-ZIP **50 FREMONT ST #2600
SAN FRANCISCO CA 94105**

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

Assistant Secretary

O'Hara, Lorriane

50 Fremont Street, #2600

San Francisco, CA 94105

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Douglas B. Bowlus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/22/96

(415) 597-4500

Date

De/Phone/Fax

CR2E034 (12/95)