

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F94000001003 (2)
 1. Corporation Name
VASCOR, LTD., INC.



Principal Place of Business 1111 BROADWAY OAKLAND CA 94607	Mailing Address 1111 BROADWAY OAKLAND CA 94607
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1994	
21 Sulte, Apt #, etc	22 City & State	23 Zip	24 Country	26 Sulte, Apt #, etc	27 City & State
25	28	29	30	4. FEI Number 94-3059315	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	EVP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	EXECUTIVE VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLANT, GARY			1.2 NAME	JAMES DUNN		
STREET ADDRESS	1111 BROADWAY			1.3 STREET ADDRESS	1111 BROADWAY		
CITY-ST-ZIP	OAKLAND CA 94607			1.4 CITY-ST-ZIP	OAKLAND, CA 94607		
TITLE	EVGM	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNN, JAMES			2.2 NAME			
STREET ADDRESS	1111 BROADWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND CA 94607			2.4 CITY-ST-ZIP			
TITLE	VPT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VACANCY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STUEBGEN, WILLIAM J			3.2 NAME			
STREET ADDRESS	1111 BROADWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND CA 94607			3.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, LIGE			4.2 NAME			
STREET ADDRESS	1111 BROADWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND CA 94607			4.4 CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Asst. Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MEIER, THOMAS R.			5.2 NAME	Timothy J. Windle		
STREET ADDRESS	1111 BROADWAY			5.3 STREET ADDRESS	1111 Broadway		
CITY-ST-ZIP	OAKLAND CA 94607			5.4 CITY-ST-ZIP	Oakland CA 94607		
TITLE	DIRECTOR - COBOARD	<input type="checkbox"/> DELETE		6.1 TITLE	DIRECTOR - COBOARD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHN G. BURBESS			6.2 NAME	JOHN G. BURBESS		
STREET ADDRESS	1111 BROADWAY			6.3 STREET ADDRESS	1111 BROADWAY		
CITY-ST-ZIP	OAKLAND, CA 94607			6.4 CITY-ST-ZIP	OAKLAND, CA 94607		

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 _____ DATE **4/30/98**

CR2E034 (10/97)