

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002817 (4)**

1. Corporation Name
JHK & ASSOCIATES, INC.



Principal Place of Business: **2000 POWELL ST. SUITE 1090 EMERYVILLE CA 94608 US**
Mailing Address: **2000 POWELL ST. SUITE 1090 EMERYVILLE CA 94608**

3. Date Incorporated or Qualified: **05/27/1994**
3a. Date of Last Report: **05/10/1995**
4. FEI Number: **94-3198006**
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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. **10260 Campus Point Dr San Diego, CA 92121**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____
Signature typed or printed name of registered agent at the time of filing. (Name of Registered Agent typed or printed name of registered agent)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAY, JACK L	
STREET ADDRESS	2000 POWELL ST.	
CITY - ST - ZIP	EMERYVILLE CA 94608	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARK, GRANT L.	
STREET ADDRESS	10260 CAMPUS POINT DR	
CITY - ST - ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, JACK	
STREET ADDRESS	1710 GOODRIDGE DR	
CITY - ST - ZIP	MCLEAN VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTHENBERG, MORRIS	
STREET ADDRESS	4660 KENMORE AVE	
CITY - ST - ZIP	ALEXANDRIA VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOUT, TOM L.	
STREET ADDRESS	3500 PARKWAY LANE	
CITY - ST - ZIP	NORCROSS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARRUS, BARRY S.	
STREET ADDRESS	2000 POWELL STREET STE 1090	
CITY - ST - ZIP	EMERYVILLE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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)(b), 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: **Ward Reed** (Typed Name)
Signature and Typed or Printed Name of Signing Officer or Director: **Ward Reed**
Date: **4-2-96**
Typed Name of Director: **(WJR) 552-4720**
Typed Name of Director: **Assistant Secretary**

CR2E034 (12/95)

JHK & Associates, Inc.

Officers:

<u>Names</u>	<u>Office</u>	<u>Address</u>
Jack L. Kay	President and Chief Executive Officer	2000 Powell Street, Suite 1090 Emeryville, CA 94608
Morris J. Rothenberg	Treasurer and Assistant Secretary	4660 Kenmore Avenue, Suite 1100 Alexandria, VA 22304
Grant L. Clark	Secretary	10010 Campus Point Drive San Diego, CA 92121
Barry S. Marrus	Assistant Secretary	2000 Powell Street, Suite 1090 Emeryville, CA 94608
Tom L. Stout	Assistant Secretary	3500 Parkway Lane, Suite 600 Norcross, GA 30092
Douglas C. Terry	Assistant Secretary	3500 Parkway Lane, Suite 600 Norcross, GA 30092
Ward Reed	Assistant Secretary	10010 Campus Point Drive San Diego, CA 92121