## **FILED**

## FILE NOW: FILING FEE AFTER MAY 1 May 19 1997 8:00am

**PROFIT** 



FLORIDA DE

Secretary of State

|  | JAL REPORT  | Sand  |  |   |   |  |               |                    |                            |  |
|--|---|---|--|---|---|--|---------------|--------------------|----------------------------|--|
|  | ry of State   |   |  |   |   |  |               |                    |                            |  |
|  | 1997  | DIVISION OF   | JOHPORA                                | ATIONS  | ı                                       | j  |               |                    |                            |  |
| DOCH   | MENT # EQACOC   | 0004410 (6)   |  |   |   |  |               |                    |                            |  |
| 1. Corporatio  | MENT # <b>F94000</b>  | 004410 (0)  |  |   |   |  |               |                    |                            |  |
| MCKESS   | SON CORPORATION   |   |  |   |   |  |               |                    |                            |  |
|  |   |   |  |   |   |  |               | <b>           </b> | 111111111                  |  |
|  |   |   |  |   |   |  |               |                    |                            |  |
| Principal Place of Business Mailing Address                          |   |   |  |   |   |  |               |                    | <b>30</b> 11 1331          |  |
| ONE POST ST.   |   | ONE POST ST.  | 4 5000                                 |   |   |  |               |                    |                            |  |
| SAN FRANCISC   | 20 CR 84104   | SAN FRANCISCO CA 9410   | 14-5203                                |   |   |  |               |                    |                            |  |
|  |   |   |  |   |   | 3. Date Incorporated or Qualified  | 3a. Date      |                    | eport                      |  |
|  |   |   |  |   |   | 08/24/1994   | 04/24         |                    |                            |  |
|  | lace of Business  | 2a. Mailing Address   |  |   |   | 4. FEI Number  |               |                    | plied for                  |  |
| Suite, Apt.  | # ekc   | Suite, Apt. #, etc.   |  |   |   | 94-3207296   |               |                    | t Applicable<br>Additional |  |
| 22   | n, 010.   | 27  | —————————————————————————————————————— |   |   | 5. Certificate of Status Desired   |               | ۶۵۰٬۵۶۶<br>Fee Re  |                            |  |
| City & State   | e   | City & State  |  |   |   | 6. Election Campaign Financing   |               | \$5.00             | ·                          |  |
| 23   | •   | 28  |  |   |   | Trust Fund Contribution  |               | Added t            |                            |  |
| Zip  | Country   | Zip   | Cou                                    | ntry  |   | 8. This corporation has liability for i  |               |                    | 199.032,                   |  |
| 24   | 25  | 29  | 30                                     |   |   | Florida Statutes L.  10. Name and Address of New Rec                           | Yes           |                    |                            |  |
| 71 IC  | 9. Name and Address of Currer   |   |  | 81 Nam  | е                                       | 10. Name and Address of New He   | gistereu Ag   | ent                |                            |  |
| , THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br>1201 HAYES ST., #105 |   |   |  |   |   |  |               |                    |                            |  |
| TALLAHASSEE FL 32301   |   |   | 1                                      | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |               |                    | }                          |  |
|  | DARMONE I E SESSI   |   | Ì                                      | 83  |   |  |               |                    |                            |  |
| •  |   |   |  | 84 City   |   |  | т             | <b>85</b> Zip (    | Code                       |  |
|  |   |   |  | City  |   |  | FL            | as Lib (           | 3000                       |  |
| <ol> <li>Pursuant<br/>office or r</li> </ol>                         | to the provisions of Sections 607.050 registered agent, or both, in the State                                 | 2 and 607.1508, Florida Statut<br>of Florida, Such change was | es, the at                             | ove-name  | d corpo                                 | ration submits this statement for the pon's board of directors. I hereby accep | urpose of ch  | anging its         | s registered               |  |
| agent. I a   | m familiar with, and accept the oblig-  | ations of, Section 607.0505, Fl                               | orida Stati                            | utes.   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | and board of emotions. Thereby about   | . the appoint | onom do            | regionered                 |  |
| SIGNATURE  |   |   |  |   | iro toquiro                             | d when reinstating)  | DATE          |                    |                            |  |
| 12.  | Signature, typod or printed name of registered agent and title if applicable (NOTE: RE OFFICERS AND DIRECTORS |   |  | Agent signate   | are required                            | ADDITIONS/CHANGES TO OFFIC   |               | IRECTOR            | S IN 12                    |  |
| TITLE  | CPDC  | DELETE  | 1.1 10                                 | LE  | Ch                                      | airman & Directo:  | r Is          | Change             | Addition                   |  |
| NAME   | SEELENFREUND, ALAN  |   | 1.2 NA                                 | ME  | Se                                      | elenfreund, Alan   |               |                    |                            |  |
| STREET ADDRESS   | ONE POST ST.  |   | 1.3 \$11                               | REET ADDRESS  |   | ne Post Street   |               |                    |                            |  |
| CITY-ST-ZIP  | SAN FRANCISCO CA  | DK pure   |  | Y - S1 - ZIP  |   | n Francisco, CA  | 94104         | Change             | 1.000                      |  |
| TITLE  | PCD<br>MCDOWELL, DAVID E.   | <b>™</b> DELETE   | 2.1 1/1                                |   |   | esident & CEO  | L             | r Unange           | L Addition                 |  |
| NAME<br>Street address   | ONE POST ST.  |   | 2.2 NA                                 | me<br>Keet address                                    |   | lido, Mark A.  |               |                    | Í                          |  |
| CITY-ST-ZIP  | SAN FRANCISCO CA  |   |  | IY-\$1-7iP  | 01                                      | e Post Street  | 24104         |                    |                            |  |
| TITLE  | VP  | DELETE  | 3 1 117                                |   | 58                                      | n Francisco, CA  | 24104         | Change             | Addition                   |  |
| NAME   | ARMSTRONG, WILLIAM A.   |   | 3 2 NA                                 | ME .  |   |  |               |                    |                            |  |
| STREET ADDRESS   | ONE POST ST.  |   | 3.3 ST                                 | REFT ADDRESS  | 3                                       |  |               |                    | l                          |  |
| CITY-ST-ZIP  | SAN FRANCISCO CA  |   |  | 1Y-S1-71P   | ļ                                       |  |               |                    |                            |  |
| TITLE  | VPGS<br>MEYERSON, IVAN D  | ☐ DELETE  | 4.1 1/1                                |   |   |  | L.            | Charge             | Addition                   |  |
| NAME<br>OZDECK ADODESC   | ONE POST ST.  |   | 4. 2 N/                                |   |   |  | <             | <th>5/2/4</th>     | 5/2/4                      |  |
| STREET ADDRESS :   | SAN FRANCISCO CA  |   |  | REET ADDRESS<br>Y-ST-ZIP                              | `                                       |  |               | 100                | 4 <i>( 1/</i> )            |  |
| TITLE  | VPCS  | DELETE  | 5.1 TIT                                |   | +                                       |  |               | Change             | Addition                   |  |
| NAME   | MILLER, NANCY A   | <del>-</del> -  | 5.2 NA                                 |   |   | 60000219   | _             | -                  |                            |  |
| STREET ADDRESS   | ONE POST ST.  |   | 4                                      | ref1 address  | 3                                       | -06/03/970100  | )6DD9         |                    | Í                          |  |
| CITY-ST-ZIP  | SAN FRANCISCO CA  |   |  | Y - \$1 - ZIP   |   | ***495.80  |               |                    |                            |  |
| TITLE  | VPF   | <b>₹</b> DELETE   | 6 1 Tri                                | LE  |   | sistant Secretary  | 7             | Change             | Addition                   |  |
| NAME   | SCHOLZ, GARRET A  |   | 6.2 NA                                 |   |   | etz, Lorraine E.   |               |                    | )                          |  |
| STREET ADDRESS   | ONE POST ST.  |   | 1                                      | REET ADDRESS  |   | e Post Street  |               |                    |                            |  |
| CITY-ST-ZIP  | SAN FRANCISCO CA  |   | 6.4 CH                                 | Y-ST-ZIP  | Sa                                      | n Francisco  |               |                    |                            |  |

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 charged or on an attachment with an address.