

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003885 (9)**

1. Corporation Name
THE UPPER DECK COMPANY OF CALIFORNIA



Principal Place of Business: **5909 SEA OTTER PLACE CARLSBAD CA 92008**
Mailing Address: **5909 SEA OTTER PLACE CARLSBAD CA 92008**

3. Date Incorporated or Qualified: **08/11/1995**
3a. Date of Last Report
4. FEI Number: **33-0321692**
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

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

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

11. Pursuant to the provisions of Sections 607.0902 and 607.1502, 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 I accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	CCEO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MCWILLIAM, RICHARD P	2. NAME	
3. STREET ADDRESS	838 FOURTH ST	3. STREET ADDRESS	
4. CITY, STATE, ZIP	ENCINITAS CA 92024	4. CITY, STATE, ZIP	
5. TITLE	C	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	KUGHN, RICHARD P	6. NAME	
7. STREET ADDRESS	ONE MILLRACE COURT	7. STREET ADDRESS	
8. CITY, STATE, ZIP	DEARBORN MI 48126	8. CITY, STATE, ZIP	
9. TITLE	D	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	KORBEL, BORIS H	10. NAME	
11. STREET ADDRESS	1242 KENNYMEAD ST	11. STREET ADDRESS	
12. CITY, STATE, ZIP	ORANGE CA 92669	12. CITY, STATE, ZIP	
13. TITLE	D	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	SUMNER, PAUL D	14. NAME	
15. STREET ADDRESS	2808 LAFAYETTE, SUITE 303	15. STREET ADDRESS	
16. CITY, STATE, ZIP	NEWPORT BEACH CA 92663	16. CITY, STATE, ZIP	
17. TITLE	P	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	BURR, BRIAN M	18. NAME	
19. STREET ADDRESS	2105 SOUTH NEVADA ST	19. STREET ADDRESS	
20. CITY, STATE, ZIP	OCEANSIDE CA 92054	20. CITY, STATE, ZIP	
21. TITLE	V	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	CORNWELL, WM. DAVID	22. NAME	
23. STREET ADDRESS	1615 VIA CALENDULA	23. STREET ADDRESS	
24. CITY, STATE, ZIP	SAN CLEMENTE CA 92673	24. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied in this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or entered this year with an address.

SIGNATURE: *Steven W. Walkensten* STEVEN WALKENSTEN / 16/96 (619) 929-3564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)