

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 # P25455
1. Corporation Name

HOLDING PATTERN COMPANY.

600001808836
-05/06/96--01031--010
***200.00

Principal Place of Business Mailing Address
**333 South Beaudry, 21st Fl.
Los Angeles, CA 90017
USA** **315 Montgomery St, 14th Fl.
Department 16811
San Francisco, CA 94104
USA**

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

3 Date Incorporated or Qualified	3a Date of Last Report
08/02/1989	03/21/95
4 FEI Number	Applied For
95-3999334	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. 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
85 Zip Code

FL

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 _____ DATE _____
Signature typed or printed name of registered agent and fee applicant. (NOTE: Registered Agent Signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D
13 STREET ADDRESS	GARVEY, CHRISTINE
14 CITY-ST-ZIP	560 DAVIS ST., 2nd FLOOR SAN FRANCISCO, CA 94111
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	D/CFO
23 STREET ADDRESS	McCRUM, CHRISTOPHER
24 CITY-ST-ZIP	560 DAVIS ST, 2nd FLOOR SAN FRANCISCO, CA 94111
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D/P
33 STREET ADDRESS	ST. CLAIR, PETER
34 CITY-ST-ZIP	333 SOUTH BEAUDRY, 21st FLOOR LOS ANGELES, CA 90017
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	S
43 STREET ADDRESS	SOROKIN, CHERYL
44 CITY-ST-ZIP	555 CALIFORNIA STREET, 6th FLOOR SAN FRANCISCO, CA 94104
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	A/T
53 STREET ADDRESS	GEE, ALVIN
54 CITY-ST-ZIP	315 MONTGOMERY STREET, 14th FLOOR SAN FRANCISCO, CA 94104
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	VP
63 STREET ADDRESS	BOYKIN, DANIEL
64 CITY-ST-ZIP	315 MONTGOMERY STREET, 9th FLOOR SAN FRANCISCO, CA 94104

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: *Alvin W. GEE* **ALVIN W. GEE** *4/24/96* **(415) 953-5069**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Display Phone #

CR2E034 (12/95)