

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

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**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P25455 (7)**

1. Corporation Name:  
**HOLDING PATTERN COMPANY.**



Principal Place of Business: **333 S BEAUDRY 21ST FLR C/O BA PROP INC LOS ANGELES CA 90071 US**

Mailing Address: **789 MARKET ST UNIT #13025 SAN FRANCISCO CA 94103-2033 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **08/02/1989**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **95-3999334**

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

9. Name and Address of Current Registered Agent:  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARVEY, CHRISTINE	
STREET ADDRESS	560 DAVIS ST., 2ND FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	DCFO	<input type="checkbox"/> DELETE
NAME	MCCRUM, CHRISTOPHER	
STREET ADDRESS	560 DAVIS ST., 2ND FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ST CLAIR, PETER	
STREET ADDRESS	333 S BEAUDRY 21ST FLR	
CITY-ST-ZIP	LOS ANGELES CA 90071	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOROKIN, CHERYL	
STREET ADDRESS	555 CALIFORNIA STREET, 6TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	GEE, ALVIN	
STREET ADDRESS	315 MONTGOMERY STREET, 14TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOYKIN, DANIEL	
STREET ADDRESS	315 MONTGOMERY STREET, 9TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARBARA CRAWFORD	
1.3 STREET ADDRESS	499 MARKET ST	
1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94104	
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 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: *[Signature]* **4/11/97** **415-622-8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)