

5/1/98 B-6169 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25455 (7)
 1. Corporation Name
HOLDING PATTERN COMPANY.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 333 S BEAUDRY 21ST FLR C/O BA PROP INC LOS ANGELES CA 90071 US	Mailing Address 799 MARKET ST UNIT #13025 SAN FRANCISCO CA 94104 US
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3. Date Incorporated or Qualified
08/02/1989

2. Principal Place of Business 21	2a. Mailing Address 26
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4. FEI Number 95-3999334	Applied For <input type="checkbox"/> Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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City & State 23	City & State 28
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 Name A/A	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME GARVEY, CHRISTINE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 560 DAVIS ST., 2ND FLOOR	CITY-ST-ZIP SAN FRANCISCO CA 94111	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE DCFO	NAME MCCRUM, CHRISTOPHER	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 560 DAVIS ST., 2ND FLOOR	CITY-ST-ZIP SAN FRANCISCO CA 94111	2.1 TITLE	
	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
TITLE DP	NAME ST CLAIR, PETER	2.3 STREET ADDRESS 799 MARKET ST.	
STREET ADDRESS 333 S BEAUDRY 21ST FLR	CITY-ST-ZIP LOS ANGELES CA 90071	2.4 CITY-ST-ZIP SAN FRANCISCO CA, 94102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V.T.	
TITLE S	NAME SOROKIN, CHERYL	3.2 NAME JENNIFER KESLER	
STREET ADDRESS 555 CALIFORNIA STREET, 6TH FLOOR	CITY-ST-ZIP SAN FRANCISCO CA 94104	3.3 STREET ADDRESS 101 P. 3RD STREET	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP PHOENIX, AZ, 85002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AT	NAME CRANDELL, BARBARA	4.1 TITLE	
STREET ADDRESS 499 MARKET STREET	CITY-ST-ZIP SAN FRANCISCO CA	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE VP	NAME BOYKIN, DANIEL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 315 MONTGOMERY STREET, 9TH FLOOR	CITY-ST-ZIP SAN FRANCISCO CA 94104	5.1 TITLE	
	<input checked="" type="checkbox"/> DELETE	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE PRESIDENT/DIRECTOR	
		6.2 NAME SANDY THALOO	
		6.3 STREET ADDRESS 333 S. BEAUDRY STREET	
		6.4 CITY-ST-ZIP LOS ANGELES, CA 90071	

14. I 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: Barbara Crandell APRIL 1998 (717) 622-5500

CR2034 (10/97)