

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 17 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P34300** (4)  
1. Corporation Name  
**PRODUCT DEVELOPMENT CORPORATION OF CALIFORNIA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**P.O. BOX 3109** **P.O. BOX 3109**  
**MERCED CA 95344-1109** **MERCED CA 95344-1109**

3. Date Incorporated or Qualified **06/06/1991** 3a. Date of Last Report **04/05/1994**  
4. FEI Number **95-1591984** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

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  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>CLUM, W.B. JR.</b> <b>1880 WARDROBE AVE.</b> <b>MERCED CA</b>	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>CARRILLO, JUDITH H.</b> <b>580 COLLINS DRIVE</b> <b>MERCED CA</b>	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>CREED, VIRGIL</b> <b>1880 WARDROBE AVE.</b> <b>MERCED CA</b>	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>DERMOTT, FRED</b> <b>1880 WARDROBE AVE.</b> <b>MERCED CA</b>	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MATTHEW, ROBERT</b> <b>1705 FOURTH AVE. SO.</b> <b>SEATTLE WA</b>	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CLUM, JOHN</b> <b>820 CAMINO ATALAYA</b> <b>SANTA FE NM</b>	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 4/5/95 (209)383-4105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**V. E. Creed, Treasurer**

134360

**PDC Regional Offices**

Mered, CA  
Burbank, CA  
Seattle, WA  
Denver, CO  
Indianapolis, IN  
Sharon Hill, PA  
Minneapolis, MN  
Jessup, MD  
Albany, NY

**PDC**

*Product Development Corporation*

**CORPORATE HEADQUARTERS**  
**P.O. BOX 3109 • MERCED, CA 95344-1109**  
580 COLLINS DRIVE • MERCED, CA 95348  
(209) 383-4105 • FAX (209) 726-0260

**Other PDC Offices located in:**

San Diego, CA  
Los Angeles, CA  
San Francisco, CA  
Portland, OR  
Vancouver, BC  
Phoenix, AZ  
Salt Lake City, UT  
Detroit, MI  
Boston, MA  
New Haven, CT  
Milwaukee, WI  
Cleveland, OH  
Omaha, NE  
Des Moines, IA

**ADDITIONAL DIRECTOR**

**D**  
**Suzanne Joffray**  
**The Loomis-Chaffee School**  
**Windsor, CT 06095**