

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Marston
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P34300 (4)

1. Corporation Name: PRODUCT DEVELOPMENT CORPORATION OF CALIFORNIA



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

3. Date Incorporated or Qualified: 06/06/1991
3a. Date of Last Report: 04/17/1995
4. FL Number: 95-1591984
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 Suite/Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address:
26 Suite/Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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
85 Zip Code

11. Pursuant to the provisions of Sections 602.04(2) and 602.14(4) 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 602.05(9), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLUM, W.B. JR.	
STREET ADDRESS	1880 WARDROBE AVE.	
CITY-ST-ZIP	MERCED CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARRILLO, JUDITH H.	
STREET ADDRESS	580 COLLINS DRIVE	
CITY-ST-ZIP	MERCED CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CREED, VIRGIL	
STREET ADDRESS	1880 WARDROBE AVE.	
CITY-ST-ZIP	MERCED CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DERMOTT, FRED	
STREET ADDRESS	1880 WARDROBE AVE.	
CITY-ST-ZIP	MERCED CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTHEW, ROBERT	
STREET ADDRESS	1705 FOURTH AVE. SO.	
CITY-ST-ZIP	SEATTLE WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLUM, JOHN	
STREET ADDRESS	820 CAMINO ATALAYA	
CITY-ST-ZIP	SANTA FE NM	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
42 STREET ADDRESS	
43 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
52 STREET ADDRESS	
53 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
62 STREET ADDRESS	
63 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is true and correct, and that I am an officer or director of the corporation or the registered or trading corporation to which this report is required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 in correct order and adjacent with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. E. Creed, Treasurer

4/3/96 (209)383-4105

CR2E034 (12/95)

PDC

Continuing Education
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Post Office Box 3109
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1/21/02
99-3002

ADDITIONAL DIRECTOR

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