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Apr 11 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 # 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: **04/09/1996**
 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: **21 20 Ragsdale Drive**
 Suite, Apt. #, etc: **22 Suite 100**
 City & State: **23 Monterey, CA**
 Zip: **24 93940** Country: **25 Monterey**

2a. Mailing Address: **26 20 Ragsdale Drive**
 Suite, Apt. #, etc: **27 Suite 100**
 City & State: **28 Monterey, CA**
 Zip: **29 93940** Country: **30 Monterey**

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: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUM, W.B. JR.	1.2 NAME	
STREET ADDRESS	1880 WARDROBE AVE.	1.3 STREET ADDRESS	20 Ragsdale Drive, Suite 100
CITY-ST-ZIP	MERCED CA	1.4 CITY-ST-ZIP	Monterey, CA 93940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CARRILLO, JUDITH H.	2.2 NAME	
STREET ADDRESS	580 COLLINS DRIVE	2.3 STREET ADDRESS	20 Ragsdale Drive, Suite 100
CITY-ST-ZIP	MERCED CA	2.4 CITY-ST-ZIP	Monterey, CA 93940
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREED, VIRGIL	3.2 NAME	Forey, David
STREET ADDRESS	1880 WARDROBE AVE.	3.3 STREET ADDRESS	20 Ragsdale Dr., Suite 100
CITY-ST-ZIP	MERCED CA	3.4 CITY-ST-ZIP	Monterey, CA 93940
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMOTT, FRED	4.2 NAME	
STREET ADDRESS	1880 WARDROBE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERCED CA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW, ROBERT	5.2 NAME	
STREET ADDRESS	1705 FOURTH AVE. SO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUM, JOHN	6.2 NAME	
STREET ADDRESS	820 CAMINO ATALAYA	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE NM	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 of this report or on an attachment with an address.

SIGNATURE: _____ **Signature Required**
 _____ **B. Clum, Jr., Pres.** Date: **4/2/97** (209) 383-4105

CR2E034 (9/96)