

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000094231 (4)**

1. Corporation Name
SYDRAN III, INC.



Principal Place of Business: **C/O MARK EXTEIN/FOLEY & LARDNER, 111 N. ORANGE AVENUE, #1800, ORLANDO FL 32801**
Mailing Address: **C/O MARK EXTEIN/FOLEY & LARDNER, 111 N. ORANGE AVENUE, #1800, ORLANDO FL 32801**

3. Date Incorporated or Qualified: **12/12/1995**
3a. Date of Last Report: []
4. FEI Number: **59-3354379**
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 [x] No

2. Principal Place of Business
21. **c/o Gretchen R.H. Vose**
22. **2705 W. Fairbanks Ave.**
23. **Winter Park, FL**
24. **32789**
25. []
26. **c/o Gretchen R.H. Vose**
27. **2705 W. Fairbanks Ave.**
28. **Winter Park, FL**
29. **32789**
30. []

9. Name and Address of Current Registered Agent: **F & L CORP., THE GREENLEAF BLDG., THIRD FLOOR, 200 LAURA STREET, JACKSONVILLE FL 32202-3527**
10. Name and Address of New Registered Agent:
81. Name: **Gretchen R.H. Vose**
82. Street Address (P.O. Box Number is Not Acceptable): **2705 W. Fairbanks Ave.**
83. []
84. City: **Winter Park** State: **FL** Zip: **32789**

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: *Gretchen R.H. Vose* DATE: **4/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Matthew Schoenberg
STREET ADDRESS		1.3 STREET ADDRESS	3000 Executive Parkway, Suite 515
CITY-ST-ZIP		1.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Kenneth A. Freed
STREET ADDRESS		2.3 STREET ADDRESS	3000 Executive Parkway, Suite 515
CITY-ST-ZIP		2.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Steven Grossman
STREET ADDRESS		3.3 STREET ADDRESS	3000 Executive Parkway, Suite 515
CITY-ST-ZIP		3.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Richard R. Karns
STREET ADDRESS		4.3 STREET ADDRESS	3000 Executive Parkway, Suite 515
CITY-ST-ZIP		4.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Frank G. Rackstraw
STREET ADDRESS		5.3 STREET ADDRESS	3000 Executive Parkway, Suite 515
CITY-ST-ZIP		5.4 CITY-ST-ZIP	San Ramon, CA 94583
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: *Kenneth A. Freed* DATE: **4/17/96** (510) 328-3316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)