

**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 # 817290 (0)

1. Corporation Name  
**HENRY J. KAISER COMPANY**



Principal Place of Business: 1800 HARRISON STR OAKLAND CA 94612 US  
Mailing Address: 1800 HARRISON STR OAKLAND CA 94612 US

3. Date Incorporated or Qualified <b>08/16/1963</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>94-1229195</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		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	<b>FL</b>

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	NAME: RAPP, ALVIN S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1800 HARRISON STREET	CITY-ST-ZIP: OAKLAND FL	12. NAME	
TITLE: VD	NAME: GOLDMAN, MICHAEL K	13. STREET ADDRESS	
STREET ADDRESS: 1800 HARRISON STREET	CITY-ST-ZIP: OAKLAND CA	14. CITY-ST-ZIP	
TITLE: V	NAME: MARTINEZ, LEONARD A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1800 HARRISON STREET	CITY-ST-ZIP: OAKLAND CA	2.2 NAME	
TITLE: S	NAME: WEEKS, PAUL I	2.3 STREET ADDRESS	
STREET ADDRESS: 1800 HARRISON STREET	CITY-ST-ZIP: OAKLAND CA	2.4 CITY-ST-ZIP	
TITLE: VS	NAME: BONITZ, RICHARD E	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1800 HARRISON STREET	CITY-ST-ZIP: OAKLAND CA	3.2 NAME	Assistant Secretary
TITLE: T	NAME: NASON, RICHARD K	3.3 STREET ADDRESS	Catherine N. Howland
STREET ADDRESS: 1800 HARRISON STREET	CITY-ST-ZIP: OAKLAND CA	3.4 CITY-ST-ZIP	1800 Harrison Street
		4.1 TITLE	Oakland, CA 94612
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	Treasurer
		5.3 STREET ADDRESS	Kenneth D. Campbell
		5.4 CITY-ST-ZIP	1800 Harrison Street
		6.1 TITLE	Oakland, CA 94612
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: *Catherine N. Howland* (510)  
DATE: 1/24/96 419-6875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)