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1997 JAN 23 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 818851 (8)
1. Corporation Name
THE PI KAPPA ALPHA HOLDING CORPORATION



Principal Place of Business
8347 WEST RANGE COVE.
MEMPHIS TN 38125-0721

Mailing Address
8347 WEST RANGE COVE.
MEMPHIS TN 38125-0721

3. Date Incorporated or Qualified 05/06/1963
3a. Date of Last Report 02/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	62-6050083	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

MADIGAN JR, JOHN A
318 N MONROE ST
TALLAHASSEE FL 32302

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

Signature of registered agent, not necessary if reinstating agent and filing applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WOLFF, JAMES A. 1407 OLD NATIONAL BANK BLDG. SPOKANE WA	1.1 TITLE	PRESIDENT DIRECTOR
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	TS ORMOND, GREGG 330 ALHAMBRA CIRCLE MIAMI FL	2.1 TITLE	SECRETARY/TREASURER DIRECTOR
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	Corrected spelling "ALHAMBRA CIRCLE"
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VP RALPH, RICHARD 3600 JACKSON ST. SAN FRANCISCO CA	3.1 TITLE	VICE PRESIDENT DIRECTOR
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD ORIANS, RAYMOND L 8347 WEST RANGE COVE. MEMPHIS TN	4.1 TITLE	EXECUTIVE VICE PRESIDENT DIRECTOR
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	600002067856-1-00
NAME		5.2 NAME	-01/24/97--01047--008
STREET ADDRESS		5.3 STREET ADDRESS	*****61.25 *****61.25
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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 if changed, or on an attachment with an address.

SIGNATURE: *Raymond L Orians* Exec. V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/17/97 901/748-1868

CR2E034 (9/96)