SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, REINSTATEMENT FEE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 11 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 830319 (0)

1. Corporation Name
RIGGING INTERNATIONAL

Principal Place of Business	Mailing Address
956 ATLANTIC AVENUE ALAMEDA CA 94501	P.O. BOX 4013 ALAMEDA CA 94501 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/20/1973	07/06/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 94-1691525 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MCLEOD, DENNY A.	1.2 NAME	Laird, Edward H.	
STREET ADDRESS	965 ATLANTIC AVE.	1.3 STREET ADDRESS	965 Atlantic Avenue	
CITY-ST-ZIP	ALAMEDA CA	1.4 CITY-ST-ZIP	Alameda, CA 94501	
TITLE	PDCS	2.1 TITLE		☐ Change ☐ Addition
NAME	ROLLANDI, VICTOR L.	2.2 NAME		
STREET ADDRESS	965 ATLANTIC AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MCLEOD, RUTH B.	3.2 NAME	McCloud, James F.	
STREET ADDRESS	965 ATLANTIC AVE.	3.3 STREET ADDRESS	965 Atlantic Avenue	
CITY-ST-ZIP	ALAMEDA CA	3.4 CITY-ST-ZIP	Alameda, CA 94501	
TITLE	VDT	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, GERALD	4.2 NAME		
STREET ADDRESS	965 ATLANTIC AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA	4.4 CITY-ST-ZIP		
TITLE	PDCE	5.1 TITLE		☐ Change ☐ Addition
NAME	DODDS, NEIL	5.2 NAME		
STREET ADDRESS	965 ATLANTIC AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	GLENNON, THOMAS F.	6.2 NAME		
STREET ADDRESS	965 ATLANTIC AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Neil Dodds Neil Dodds 7/5/95 510/865-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183702 FN