SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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**

3. Date Incorporated or Qualified: **06/20/1973**
3a. Date of Last Report: **07/11/1995**

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

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 **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, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D	☐ Change XX Addition
NAME	MCLEOD, DENNY A.		12 NAME	Laird, Edward H.	
STREET ADDRESS	965 ATLANTIC AVE.		13 STREET ADDRESS	965 Atlantic Avenue	
CITY-ST-ZIP	ALAMEDA CA		14 CITY-ST-ZIP	Alameda, CA 94501	
TITLE	PDCS	☐ DELETE	21 TITLE	V	☐ Change XX Addition
NAME	ROLLANDI, VICTOR L.		22 NAME	Easterling, Curt J.	
STREET ADDRESS	965 ATLANTIC AVE.		23 STREET ADDRESS	965 Atlantic Avenue	
CITY-ST-ZIP	ALAMEDA CA		24 CITY-ST-ZIP	Alameda, CA 94501	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MCCLOUD, JAMES F		32 NAME		
STREET ADDRESS	965 ATLANTIC AVE		33 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA		34 CITY-ST-ZIP		
TITLE	VDT	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MARTIN, GERALD		42 NAME		
STREET ADDRESS	965 ATLANTIC AVE.		43 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA		44 CITY-ST-ZIP		
TITLE	PDCE	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	DODDS, NEIL		52 NAME		
STREET ADDRESS	965 ATLANTIC AVE		53 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA		54 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	GLENNON, THOMAS F.		62 NAME		
STREET ADDRESS	965 ATLANTIC AVENUE		63 STREET ADDRESS		
CITY-ST-ZIP	ALAMEDA CA		64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ July 22, 1996 510/865-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Neil Dodds (Date) (Daytime Phone Number)