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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
965 Atlantic Avenue Alameda, CA 94501	P. O. Box 4013 Alameda, CA 94501 USA

3. Date Incorporated or Qualified: 06/20/1973
3a. Date of Last Report: 08/ /1996

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	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 Ave.
CITY-ST-ZIP	Alameda, CA 94501	1.4 CITY-ST-ZIP	Alameda, CA 94501
TITLE	PDCS ☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	Rollandi, Victor L.	2.2 NAME	Easterling, Curt J.
STREET ADDRESS	965 Atlantic Ave.	2.3 STREET ADDRESS	965 Atlantic Ave.
CITY-ST-ZIP	Alameda, CA 94501	2.4 CITY-ST-ZIP	Alameda, CA 94501
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	McCloud, James F.	3.2 NAME	
STREET ADDRESS	965 Atlantic Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Alameda, CA 94501	3.4 CITY-ST-ZIP	
TITLE	VDT ☐ DELETE	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 94501	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Glennon, Thomas F.	5.2 NAME	
STREET ADDRESS	965 Atlantic Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Alameda, CA 94501	5.4 CITY-ST-ZIP	
TITLE	PDCE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Dodds, Neil	6.2 NAME	
STREET ADDRESS	965 Atlantic Ave.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Alameda, CA 94501	6.4 CITY-ST-ZIP	

4/4/22/97

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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: Neil Dodds, President 4/14/97 510/865-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #