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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **830319** (0)
1. Corporation Name
RIGGING INTERNATIONAL



Principal Place of Business
**866 ATLANTIC AVENUE
ALAMEDA CA 94501**

Mailing Address
**P.O. BOX 4013
ALAMEDA CA 94501
US**

DO NOT WRITE IN THIS SPACE

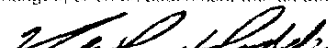
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1973	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 94-1691525	Applied For Not Applicable
22 City & State	23	29 City & State	30	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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	85 Zip Code FL

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
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	V
NAME	ROLLANDI, VICTOR L.	2.2 NAME	Easterling, Curt J.
STREET ADDRESS	965 ATLANTIC AVE.	2.3 STREET ADDRESS	965 Atlantic Avenue
CITY-ST-ZIP	ALAMEDA CA	2.4 CITY-ST-ZIP	Alameda, CA 94501
TITLE	D	3.1 TITLE	
NAME	MCCLLOUD, JAMES F	3.2 NAME	
STREET ADDRESS	965 ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALAMEDA CA	3.4 CITY-ST-ZIP	
TITLE	VDI	4.1 TITLE	
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	
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	
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	

14. I 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 4/6/98 510/865-2400

CR2E034 (10/97)