

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90103 031 ***150.00

DOCUMENT # 830319

1. Corporation Name
RIGGING INTERNATIONAL

Principal Place of Business
956 ATLANTIC AVENUE
ALAMEDA CA 94501

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1973

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

City & State

28

Zip

Country

29

Zip

Country

30

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

TITLE	D	☒ DELETE
NAME	MCLEOD, DENNY A.	
STREET ADDRESS	965 ATLANTIC AVE.	
CITY-ST-ZIP	ALAMEDA CA	
TITLE	PDCS	☐ DELETE
NAME	ROLLANDI, VICTOR L.	
STREET ADDRESS	965 ATLANTIC AVE.	
CITY-ST-ZIP	ALAMEDA CA	
TITLE	D	☐ DELETE
NAME	MCCLOUD, JAMES F	
STREET ADDRESS	965 ATLANTIC AVE	
CITY-ST-ZIP	ALAMEDA CA	
TITLE	VDI	☐ DELETE
NAME	MARTIN, GERALD	
STREET ADDRESS	965 ATLANTIC AVE.	
CITY-ST-ZIP	ALAMEDA CA	
TITLE	PDCE	☐ DELETE
NAME	DODDS, NEIL	
STREET ADDRESS	965 ATLANTIC AVE	
CITY-ST-ZIP	ALAMEDA CA	
TITLE	VD	☐ DELETE
NAME	GLENNON, THOMAS F.	
STREET ADDRESS	965 ATLANTIC AVENUE	
CITY-ST-ZIP	ALAMEDA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Lloyd, Mostyn T.	
1.3 STREET ADDRESS	965 Atlantic Avenue	
1.4 CITY-ST-ZIP	Alameda, CA 94501	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Laird, Edward H.	
2.3 STREET ADDRESS	965 Atlantic Avenue	
2.4 CITY-ST-ZIP	Alameda, CA 94501	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Easterling, Curt J.	
3.3 STREET ADDRESS	965 Atlantic Avenue	
3.4 CITY-ST-ZIP	Alameda, CA 94501	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

NEIL DODDS, President

2/18/99

510/865-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

050509