


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

FILED  
Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **839235** (9)  
1. Corporation Name  
**F.M.E. CORPORATION**



Principal Place of Business <b>30955 HUNTWOOD AVE HAYWARD CA 94544</b>	Mailing Address <b>30955 HUNTWOOD AVE HAYWARD CA 94544-7005</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>10/03/1977</b>	3a. Date of Last Report <b>03/20/1996</b>
				4. FEI Number <b>94-2388882</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAHLSTEDT, NEIL</b>	1.2 NAME	
STREET ADDRESS	<b>944 SHORELINE ROAD LBS</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARRINGTON IL</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKESON, STEPHEN M</b>	2.2 NAME	
STREET ADDRESS	<b>4425 GREENS CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVERMORE CA</b>	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBER, JEAN</b>	3.2 NAME	
STREET ADDRESS	<b>1537 WILLARD ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADKINS, ANTHONY</b>	4.2 NAME	
STREET ADDRESS	<b>6324 CALLE ALTA MIRA PL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLEASANTON CA</b>	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILLEGASS, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>1586 VIEW DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN LEANDRO CA</b>	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDOSA, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>4198 HAZELHURST COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLEASANTON CA</b>	6.4 CITY-ST-ZIP	

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.

**STEPHEN M. DICKESON**

VP / Corp Secretary 552-07-1007 (510) 489-6800

CR2E034 (9/96)