

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

FILED

Jan 29 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 # 850047 (2)

1. Corporation Name  
VAN KASPER & COMPANY

Principal Place of Business

600 CALIFORNIA STREET  
STE - 1700  
SAN FRANCISCO CA 94108  
US

Mailing Address

600 CALIFORNIA STREET  
STE - 1700  
SAN FRANCISCO CA 94108-2704  
US

3. Date Incorporated or Qualified  
08/17/1981

3a. Date of Last Report  
01/24/1996

4. FEI Number

94-2498482

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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	PC	<input type="checkbox"/> DELETE
NAME	KASPER, F. VAN	
STREET ADDRESS	600 CALIFORNIA ST / STE - 700	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ADAMS, STEPHEN R.	
STREET ADDRESS	600 CALIFORNIA ST / STE - 1700	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	O'CONNOR, JAMES B	
STREET ADDRESS	600 CALIFORNIA ST / STE - 1700	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	M	<input type="checkbox"/> DELETE
NAME	EMMELUTH, BRUCE	
STREET ADDRESS	600 CALIFORNIA ST / STE - 1700	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, JACK	
STREET ADDRESS	600 CALIFORNIA ST / STE - 1700	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	M	<input type="checkbox"/> DELETE
NAME	NOLLENBERGER, BRUCE	
STREET ADDRESS	600 CALIFORNIA ST SUITE 1700	
CITY - ST - ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)