

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000607 (1)

1. Corporation Name

EPSILON PROPERTIES, INC.



Principal Place of Business

C/O SCOTT MCKINLAY
135 MAIN STREET
SAN FRANCISCO CA 94105

Mailing Address

C/O SCOTT MCKINLAY
135 MAIN STREET
SAN FRANCISCO CA 94105

3. Date Incorporated or Qualified

02/08/1994

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

21 275 Battery Street

2a. Mailing Address

26 C/O Ford Motor Company

4. FEI Number

94-3192790

Applied For

Not Applicable

Suite, Apt. #, etc.

22 23rd Fl.

Suite, Apt. #, etc.

27 The American Rd. Rm 570 WHQ5

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 San Francisco, CA 94111

City & State

28 Dearborn, MI 48121

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

25

US

Zip

Country

29

30

US

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 or director

(If "I" Registered Agent, sign and print name below)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME WALDECK, FREDRICK T

STREET ADDRESS 135 MAIN ST.

CITY-STATE-ZIP SAN FRANCISCO CA 94105

TITLE DP ☐ DELETE

NAME MARKLEY, JOHN G

STREET ADDRESS 135 MAIN ST.

CITY-STATE-ZIP SAN FRANCISCO CA 94105

TITLE EVP ☐ DELETE

NAME KROGIUS, KAREN T

STREET ADDRESS 135 MAIN ST.

CITY-STATE-ZIP SAN FRANCISCO CA 94105

TITLE SVPC ☐ DELETE

NAME EDMONSTON, ROBERT R

STREET ADDRESS 135 MAIN ST.

CITY-STATE-ZIP SAN FRANCISCO CA 94105

TITLE SVP ☒ DELETE

NAME HAMM, RICHARD W

STREET ADDRESS 135 MAIN ST.

CITY-STATE-ZIP SAN FRANCISCO CA 94105

TITLE AS ☒ DELETE

NAME JOHNSTONE, KATHLEEN

STREET ADDRESS 135 MAIN ST.

CITY-STATE-ZIP SAN FRANCISCO CA 94105

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman of the Board ☐ Change ☒ Addition

1.2 NAME Frazee, Jack A.

1.3 STREET ADDRESS 275 Batter Street, 23rd Fl.

1.4 CITY-STATE-ZIP San Francisco, CA 94105

2.1 TITLE Asst. Treasurer/Tax Officer ☐ Change ☒ Addition

2.2 NAME Tami Lopez

2.3 STREET ADDRESS The American Road

2.4 CITY-STATE-ZIP Dearborn, MI 48121

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Tami Lopez, Asst. Treasurer

41 29 196

Date

CR2E034 (12/95)