

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

FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000003272 (1)			
1. Corporation Name HUMBOLDT INVESTMENTS, INC.			
Principal Place of Business 341 W. TUDOR, STE 202 ANCHORAGE AK 99504		Mailing Address 341 W. TUDOR, STE 202 ANCHORAGE AK 99503-6648	
2. Principal Place of Business		3. Date Incorporated or Qualified 06/21/1994	
2a. Mailing Address		3a. Date of Last Report 03/19/1996	
21. Suite, Apt. #, etc.		4. FEI Number 92-0141644	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. 95502		9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301	
26. P. O. BOX 35		10. Name and Address of New Registered Agent	
27. Suite, Apt. #, etc.		81. Name	
28. EUREKA, CA		82. Street Address (P.O. Box Number is Not Acceptable)	
29. 95502		83.	
30. HUMBOLDT		84. City	
		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 _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCTS		1.1 TITLE	
NAME ARKLEY II, ROBIN P		1.2 NAME	
STREET ADDRESS 341 W. TUDOR, STE 202		1.3 STREET ADDRESS	
CITY-ST-ZIP ANCHORAGE AK		1.4 CITY-ST-ZIP	
D		2.1 TITLE	
NAME ARKLEY II, ROBIN P		2.2 NAME	
STREET ADDRESS 341 W. TUDOR, STE 202		2.3 STREET ADDRESS	
CITY-ST-ZIP ANCHORAGE AK		2.4 CITY-ST-ZIP	
V		3.1 TITLE	
NAME MENDHEIM, JACK L		3.2 NAME	
STREET ADDRESS 341 W. TUDOR, STE 202		3.3 STREET ADDRESS	
CITY-ST-ZIP ANCHORAGE AK		3.4 CITY-ST-ZIP	
VP		4.1 TITLE	
NAME MCGUINNESS, S EAN		4.2 NAME	
STREET ADDRESS 19 WESTECH DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP TYNGSBORO MA		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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: _____		2/28/97 (800) 603-0836	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
		0507861	

CR2E034 (9/96)