

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

FILED

**May 05 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 # F95000005719 (8)

1. Corporation Name
~~LEVINE-FRICKE-INC-~~
Levine-Fricke-Recon Inc.

*NC
1/15/97*



Principal Place of Business: 1800 POWELL ST., 12TH FLOOR EMERYVILLE CA 94608-1811
Mailing Address: 1800 POWELL ST., 12TH FLOOR EMERYVILLE CA 94608-1811

3. Date Incorporated or Qualified: 11/07/1995
3a. Date of Last Report: 08/13/1996
4. FEI Number: 04-2806712
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

2. Principal Place of Business: 21 Suite, Apt #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
APPLEGATE, JOE
3382 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308-1588

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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	PT	<input type="checkbox"/> DELETE
NAME	LEVINE, JAMES D	
STREET ADDRESS	1900 POWELL ST., 12TH FLOOR	
CITY-ST-ZIP	EMERYVILLE CA 94608-1811	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLY, ROBERT	
STREET ADDRESS	12 CHILTON ST.	
CITY-ST-ZIP	BROCKTON MA	
TITLE	TDC	<input type="checkbox"/> DELETE
NAME	THIEFFRY, ALAIN	
STREET ADDRESS	345 CANTERBURY CT.	
CITY-ST-ZIP	ALAMO CA 94507	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	CARRETTE, FRANCOIS	
STREET ADDRESS	3 AVENUE PRESIDENT WILSON 75116	
CITY-ST-ZIP	PARIS FRANCE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALL, SHARON A.	
STREET ADDRESS	514 MONARCH RIDGE DRIVE	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, THOMAS M.	
STREET ADDRESS	89 MARIN AVE.	
CITY-ST-ZIP	SAUSALITO 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	

100002170531
-05/08/97--01003--072
***165.00

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 Required* Sharon Hall, Vice President 310-652-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:mo:Phone #

CR2E034 (9/96)