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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F95000005884 (0)

BZW BARCLAYS GLOBAL INVESTORS SERVICES INC.

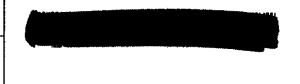
N/C 5/2/97

Principal Place of Business

45 FREMONT ST. SAN FRANCISCO CA 94105 Mailing Address

45 FREMONT ST. SAN FRANCISCO CA 94105-2204 FILED
May 15 1997 8:00am
Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified

							12/04/1995	07/	/24/1996	
2.	Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21			26	26			94-3231066		Not Applicable	
-,	Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional	
22]			27	1-1			J. 00/1/102/0 0/ 0/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	h,	Fee Required	
City & State			City & State	<b>⊢</b> ′			6. Election Campaign Financing	p	\$5.00 May Be	
23			<u> 28 </u>				Trust Fund Contribution		Added to Fees	
	Zip	Country	Zip	——————————————————————————————————————	nry		8. This corporation has liability to			
24	4 25 29 30 30 9. Name and Address of Current Registered Agent					····	Florida Statutes Yes No  10. Name and Address of New Registered Agent			
						Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD										
		NTATION FL 33324		82 Street Addre			ss (P.O. Box Number is Not Accept	able)		
	FLA	MINHOR FL 35324		83					····	
					84	City		Fi	85 Zip Code	
	11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 II applicable (NOTE, Registered Agent alguature required when reinstating) OATE										
12.		OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		D DIRECTORS IN 12	
TITL	Ę .	C	DELETE	1.1 (()	£	Dir	ector # Chairman	٠,	Change Addition	
NAM	lŧ.	Luskin, donald l	•	1.2 NA	ME	la	wrence G. Tint.			
STRE	TADDRESS 45 FREMONT ST.			1.3 STREET		DRESS 45	Fremont Street	_		
Oilly	· ST · ZIP	SAN FRANCISCO CA 94105		1.4 CITY-ST-ZIP		ZIP SOM	n Francisco CAGO	1105		
TITL	E	D	DELETE	2.1 (1)	2.1 TITLE		cretary medero		Change Addition	
NAM	l <del>é</del>	Grauer, Frederick		2.2 NA	<b>V</b> E	$-   \sqrt{\alpha}$	ine Timedero			
STRE	FT ADDRESS	45 FREMONT ST.		2.3 STR	EET AO	DORESS 48	Fremont Street			
CITY	-ST-ZIF	SAN FRANCISCO CA 94105		2.4 CI	y-st-	21P S0	in Francisco, CA	9410	>	
TITL	F	D	DELETE	3.1 TITI	.E				☐ Change ☐ Addition	
NAM	lí	COHEN, IRVING I		3.2 NA	νŧΕ					
STR	ET ADDRESS	45 FREMONT ST.		3,3 STR	EET AD	ORESS				
CITY	·ST·ZIP	SAN FRANCISCO CA 94105		3.4. C/I	*********	ZΨ				
TITLE	E	D	☐ DELETE	4.1 TITE	.E				Change Addition	
NAM	t	DUNN-JAHNKE, PATRICIA C		4. 2 NA	ME					
STRE	ET ADDRESS	45 FREMONT ST.		4.3 STR	EET AO	DAESS				
	-\$1-2(P	SAN FRANCISCO CA 94105	······································	4.4 CIT	y-S1-	ZIP	··		/	
THE	f	S	☐ DELETE	5.1 TITE	E			- 17	☐ Phange ☐ Addition	
NAM	F	ULRICH, KATHLEEN M		5.2 NA	AE.			1/ 1	TKING	
STRE	ET ADDRESS	45 FREMONT ST.		5.3 STR	EET AD	DRESS		N 4	(1/)/Y <b>I</b>	
	- \$1 - <b>Z</b> IP	SAN FRANCISCO CA 94105	·····	5.4 CIT		ZiP		<u> </u>	7,00	
шл		T	☐ DELETE	6.1 TiTL			ے کے انتہاں انتہاں انتہاں انتہاں انتہاں		Change Addition	
NAM	E	ZULBERTI, ANDREA M		6.2 NA)	ИE		30000021:	344	್ಷಚ	
STRE	EL ADORESS	45 FREMONT ST.		6.3 STR	EET AD	DRESS	-05/29/9701	J44U	U3	
	TY-ST-ZIP SAN FRANCISCO CA 94105  6. I do hereby certify that the information supplied with this filing does not qualify for the content of t				Y-\$1-	ZIP	***165.00	····		
14.	I do here!	by certify that the information supplier	d with this filing does not quali	fy for the e	xemi	ption stated i	n Section 119.07(3)(i), Florida Statu	tes. I furthe	er certify that the	

1. For hereby certily that the information supplied with this filing does not quality 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:

SAND TOP BOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANNE T. MEDERO (415)517-200