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FILED

Jan 30 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 # F96000000281 (3)

1. Corporation Name

GENSTAR LAND COMPANY

Principal Place of Business

4365 EXECUTIVE DRIVE
SAN DIEGO CA 92121

Mailing Address

4365 EXECUTIVE DRIVE
SAN DIEGO CA 92121-2123



3. Date Incorporated or Qualified

01/17/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

13-3611913

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 SOUTH PINE ISLAND ROAD
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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVCD	<input type="checkbox"/> DELETE
NAME	THOMAS, FRANK L	
STREET ADDRESS	4365 EXECUTIVE DRIVE	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIDLAW, BRIAN	
STREET ADDRESS	4365 EXECUTIVE DRIVE	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBINSON, ALAN S	
STREET ADDRESS	2 BLUE HILL PLAZA	
CITY-ST-ZIP	PEARL RIVER NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLLINS, MICHAEL	
STREET ADDRESS	2 BLUE HILL PLAZA	
CITY-ST-ZIP	PEARL RIVER NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COSMAN, LES	
STREET ADDRESS	200 GRANVILLE SQUARE	
CITY-ST-ZIP	VANCOUVER, BC V6C 1S4	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRISON, GARY	
STREET ADDRESS	4365 EXECUTIVE DRIVE	
CITY-ST-ZIP	SAN DIEGO 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:

Michael Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Collins 1/13/97 (914) 735-1600

Date

Daytime Phone #

0503158

CR2E034 (9/96)