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FILED
May 01 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 # F96000002678 (8)

1. Corporation Name

KINGSFORD MANUFACTURING COMPANY



Principal Place of Business

1221 BROADWAY
OAKLAND CA 94612-1888

Mailing Address

1221 BROADWAY
OAKLAND CA 94612-1837

3. Date Incorporated or Qualified

05/29/1996

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

Attn: Tax Dept.

27

Suite, Apt. #, etc.

28

P. O. Box 24305

29

City & State

30

Oakland, CA

Country

USA

4. FEI Number

94-3240524

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

10. Name and Address of New Registered Agent

C T 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
AUSFAHL, WILLIAM F
STREET ADDRESS
20 INDIAN WELLS
CITY-ST-ZIP
MORAGA CA

TITLE ☒ DELETE

NAME
DEFEQ, NEIL P
STREET ADDRESS
67 KING AVENUE
CITY-ST-ZIP
PIEDMONT CA

TITLE ☐ DELETE

NAME
JOHNSTON, GERALD E
STREET ADDRESS
230 DORCHESTER LANE
CITY-ST-ZIP
ALAMO CA

TITLE ☐ DELETE

NAME
HANSEN, RICHARD P
STREET ADDRESS
28 VIA BARCELONA
CITY-ST-ZIP
MORAGA CA

TITLE ☐ DELETE

NAME
BIEBL, ANTHONY W
STREET ADDRESS
463 GREEN VIEW DR
CITY-ST-ZIP
WALNUT CREEK CA

TITLE ☐ DELETE

NAME
ROSE, KAREN M
STREET ADDRESS
239 MAGELLAN AVENUE
CITY-ST-ZIP
SAN FRANCISCO CA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

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

☐ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

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☐ Addition

☐ Change

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☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)