

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90124 032 \*\*\*150.00

DOCUMENT # F96000002678

1. Corporation Name

KINGSFORD MANUFACTURING COMPANY

Principal Place of Business

1221 BROADWAY  
OAKLAND CA 94612-1888

Mailing Address

ATTN: TAX DEPT.  
PO BOX 24305  
OAKLAND CA 94623  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1996

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T HOUSE, S D ☒ DELETE  
NAME 1221 BROADWAY  
STREET ADDRESS OAKLAND CA 94612  
CITY-ST-ZIP

VSD ☐ DELETE  
NAME BEWLEY, P D  
STREET ADDRESS 1221 BROADWAY  
CITY-ST-ZIP OAKLAND CA 94612

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME R.T. Conti  
1.3 STREET ADDRESS 1221 Broadway  
1.4 CITY-ST-ZIP Oakland, CA 94612

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME Rose, Karen M  
6.3 STREET ADDRESS 239 Magellan Avenue  
6.4 CITY-ST-ZIP San Francisco, CA

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard P. Hansen, Vice President 4/5/99 510-271-7000

0360674

CR25034 (1/1/98)