**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600004508

1. Corporation Name

PHOENIX WAREHOUSE II, INC.

				_				
Principal Place	e of Business	Mailing Address			İ			
2401 KERNER B		2401 KERNER BLVD						
SAN RAFAEL CA 94901		SAN RAFAEL CA 94901			DO NOT WRITE IN THIS SPACE			
					ŀ	3. Date Incorporated or Qualifed		
						09/03/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			$\neg$	4. FEI Number	App	plied For
21		26				68-0355261	No	t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 △	
22		27			J. Contribute of Otatos Desired	Fee Re	<u></u>	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	•
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	4		8. This corporation owes the current year		□No
24	25		30			Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Currer	nt Registered Agent	81	Name		10. Name and Address of New Registr	sieu Agein	<u> </u>
CTO	CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD			82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324		83					
			"	1 .				
			84	City			FL 85 Zip C	Code
44 Diversions 6	to the provisions of Sections 607 050	02 and 607 1508. Florida Statutes	s the abov	re-named	COLDOL	ation submits this statement for the nurno	se of changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was aut	thorized by	tne corpo	oration'	s board of directors. I hereby accept the	ippointment as re	gistered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ga Statutes	S.				
SIGNATURE	Signature, hand or protect name of registered age	ent and title if applicable (NOTF: F	Registered Age	nt signature n	equired w	then reinstating) DAT	rE .	
	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE: F	Registered Age	nt signature f	equired w	hen reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.				nt signature n		non romotating,		RS IN 12
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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 of 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.

Lisa A. Olsen, VP. Cen. Counsel & Secv.

SIGNATURE:

SIGNATURE

Date

Date

Date

Daytime Phone # CITY-ST-ZIP

6.4 CITY-ST-ZIP

**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90079 022 \*\*\*150.00