## 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

## DOCUMENT # F9600004927

1. Corporation Name

COEN COMPANY, INC.

Principal Place of Business
1510 ROLLINS ROAD

Mailing Address

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90161 038 \*\*\*150.00



1 26 94-0393390 Not. Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 2 7 5. Certificate of Status Desired ☐ Fee Req City & State 6. Election Campaign Financing Trust Fund Contribution Added to Zip Country Zip Country 8. This corporation owes the current year Intangible					
1 26 94-0393390 Not. Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 2 7 5. Certificate of Status Desired ☐ Fee Req City & State 6. Election Campaign Financing Trust Fund Contribution Added to Zip Country Zip Country 8. This corporation owes the current year Intangible	Applicable Iditional				
Suite, Apt. #, etc.  27  City & State  City & State  City & State  Zip  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Req  Fee Req  Trust Fund Contribution  Added to  8. This corporation owes the current year Intangible	ditional				
Suite, Apt. #, etc.  2					
City & State  Country  Country  State  Country  Country  State  Country  Country  State  Country  Country  State  Country  State					
Zip Country Zip Country 8. This corporation owes the current year Intangible					
4 25 29 30 Personal Property Tax. 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  82 Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324					
84 City FL 85 Zip Co	ode				

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 Stanature, 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	PD	☐ DELETE	1.1 TITLE	V.P. FINANCE	[] Cha	ange Addition		
NAME	WHITE, JAMES H		12 NAME	T. B. CHURCH				
STREET ADDRESS	1510 ROLLINS ROAD		1.3 STREET ADDRESS	J. B. CHURCH 1510 POLLING RE BURLINGAME, C	1			
CITY-ST-ZIP	BURLINGAME CA		1.4 CITY-ST-ZIP	BURLINGAME, C	A 94010			
TITLE	VSD	DELETE	2.1 TITLE	•	☐ Cha	ange 🔲 Addition		
NAME	DEANE, EDWIN G		2.2 NAME					
STREET ADDRESS	1510 ROLLINS ROAD		2.3 STREET ADDRESS					
CITY-ST-ZIP	BURLINGAME CA		2 4 CiTY-ST-ZIP		·			
TITLE	CD	☐ DELETE	3.1 TITLE		□ Ch	ange 🔲 Addition		
NAME	EATON, SHERMAN		3.2 NAME					
STREET ADDRESS	1510 ROLLINS ROAD		3.3 STREET ADDRESS			į		
CITY-ST-ZIP	BURLINGAME CA		3.4. CITY- \$T-ZIP					
TITLE		☐ DELETE	4.1 TITLE		☐ Ch	ange		
NAME			4.2 NAME			·		
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		□ Ch	ange 🔲 Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		□ Ch	ange 🔲 Addition i		
NAME			6.2 NAME			[		
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP	artify that the information curpled with this f		6.4 CITY-ST-ZIP	1 0 0 110 07(0)(1) [h-1-1-0-1-1		the information		

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 informatio indicated on this annual report or Supplymental 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 he receiver or treatee 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 or an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/99 (650)697-0440

;R2E034 (11/98)