FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 24 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 # **F96000005556 (3)**

1. Corporation Name
PST VANS, INC.

Principal Place of Business	Mailing Address
1901 W. 2100 S. SALT LAKE CITY UT 84119	1901 W. 2100 S. SALT LAKE CITY UT 84119-1306

3. Date Incorporated or Qualified: **10/24/1996**
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **87-0411704** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	1.1 TITLE	CFO	☐ Change ☒ Addition
NAME	NORTON, KENNETH R		1.2 NAME	VOS, NEIL R.	
STREET ADDRESS	1901 W. 2100 S.		1.3 STREET ADDRESS	1901 W. 2100 S.	
CITY-ST-ZIP	SALT LAKE CITY UT 84119		1.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84119	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILL, ROBERT D		2.2 NAME		
STREET ADDRESS	1901 W. 2100 S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84119		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, CHARLES A		3.2 NAME		
STREET ADDRESS	2901 TASMAN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA CA 95054		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REDFERN, JAMES F		4.2 NAME		
STREET ADDRESS	408 WEST SHORE TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPARTA NJ 07871		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, JOHN		5.2 NAME		
STREET ADDRESS	1901 W. 2100 S.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84119		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ORME, STEVE		6.2 NAME		
STREET ADDRESS	1901 W. 2100 S.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84119		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: John Adams John Adams 1/14/97 8019752447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #