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Apr 30 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 # F96000006654 (5)

1. Corporation Name

ASSOCIATED BUSINESS PRODUCTS, INC.



Principal Place of Business

Mailing Address

PO BOX 7789  
SANTA ROSA CA 95407

PO BOX 7789  
SANTA ROSA CA 95407-0789

2. Principal Place of Business

2a. Mailing Address

21 2329 Circadian Way

26 P.O. Box 7789

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 Santa Rosa CA

28 Santa Rosa CA

24 Zip

Country

29 Zip

Country

25 95407

25 Sonoma

29 95407-0789

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OCHSENHIRT, GARY  
110 COASTLINE RD  
SANFORD FL 32771

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 P  
NAME KLINGLER, BRYAN D  
STREET ADDRESS 2319 SAGE BRUSH LN  
CITY-ST-ZIP SANTA ROSA CA 95401

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VS  
NAME HAASE, CARL A  
STREET ADDRESS 640 PIEZZI RD  
CITY-ST-ZIP SANTA ROSA CA 95401

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

TITLE VT  
NAME EDELEN, WILLIAM  
STREET ADDRESS 1460 WHITE OAK DR  
CITY-ST-ZIP SANTA ROSA CA 95409

3.1 TITLE VICE President  
3.2 NAME William Edelen  
3.3 STREET ADDRESS 1460 White Oak Dr.  
3.4 CITY-ST-ZIP Santa Rosa, CA 95409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE CFO, Treasurer  
4.2 NAME David W. Wheatman  
4.3 STREET ADDRESS 2329 Circadian Way  
4.4 CITY-ST-ZIP Santa Rosa, CA 95407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: David W. Wheatman 4/17/97 (707) 527-6022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011317

CR2E034 (9/96)