


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

**FILED**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90015 004 \*\*\*550.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F97000000153</b>			
1. Corporation Name <b>CROWN PAPER CO.</b>			
Principal Place of Business <b>300 LAKESIDE DRIVE OAKLAND CA 94612</b>		Mailing Address <b>CROWN PAPER CO. ATTN: TAX DEPT. 300 LAKESIDE DRIVE, SUITE 1400 OAKLAND CA 94612-3592 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			
10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
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			
TITLE	CEOD	<input checked="" type="checkbox"/> DELETE	
NAME	LEOPOLD, ERNEST		
STREET ADDRESS	109 BRIA COURT		
CITY-ST-ZIP	WALNUT CREEK CA 94596		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	BYRD, F A		
STREET ADDRESS	17639 WEST LAKEWAY DRIVE		
CITY-ST-ZIP	BATON ROUGE LA 70810		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	CUTLER, KATIE		
STREET ADDRESS	339 SACLAN TERRACE		
CITY-ST-ZIP	CLAYTON CA 94517		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	GABRIEL, ANTOINETTE S		
STREET ADDRESS	767 GLENMERE WAY		
CITY-ST-ZIP	REDWOOD CITY CA 94062		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	MCCLAIN, CHRISTOPHER M		
STREET ADDRESS	14 BOBOLINK ROAD		
CITY-ST-ZIP	ORINDA CA 94563		
TITLE	BOD	<input type="checkbox"/> DELETE	
NAME	JAMES, GEORGE		
STREET ADDRESS	207 WALNUT STREET		
CITY-ST-ZIP	SAN FRANCISCO CA 94118		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS	SEE ATTACHED SCHEDULES		
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 add-on with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99

Date

510 874-3423

Daytime Phone #

CR2E034 (11/98)