

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04270** ✓

1. Corporation Name
CLIPPER FUND, INC.

Principal Place of Business
**9601 WILSHIRE BLVD.
STE 800
BEVERLY HILLS CA 90210**

Mailing Address
**9601 WILSHIRE BLVD.
STE 800
BEVERLY HILLS CA 90210**

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90018 033 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1984

4. FEI Number

95-3893011

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICES CO
1201 HAYES 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

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	PDC	<input type="checkbox"/> DELETE
NAME	GIPSON, JAMES H.	
STREET ADDRESS	9601 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, NORMAN B.	
STREET ADDRESS	9601 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNAMEE, LAWRENCE P.	
STREET ADDRESS	9601 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOOTH, FRANKLIN OTIS JR	
STREET ADDRESS	9601 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KROMM, MICHAEL	
STREET ADDRESS	9601 WILSHIRE BLVD.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANDLER, MICHAEL C	
STREET ADDRESS	9601 WILSHIRE BLVD	
CITY-ST-ZIP	BEVERLY HILLS CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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)(f), 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:

Michael C. Kromm
MICHAEL KROMM

Date

Daytime Phone #

7/20/99 (310) 247-3939

CR2E034 (5/99)