

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 10 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P05357** (9)

1. Corporation Name
DKS ASSOCIATES, INC.

Principal Place of Business
WEBSTER
1956 WEBSTER STREET, SUITE 300
OAKLAND CA 94612

Mailing Address
WEBSTER
1956 WEBSTER STREET, SUITE 300
OAKLAND CA 94612

3. Date Incorporated or Qualified **03/19/1985** 3a. Date of Last Report **02/11/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		94-2583153		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			

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	VD	1. TITLE	President, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, LEO K.	12. NAME	Sauve, Richard T.
STREET ADDRESS	1956 WEBSTER, STE 300	13. STREET ADDRESS	1956 Webster St. 300
CITY - ST - ZIP	OAKLAND CA 94612	14. CITY - ST - ZIP	Oakland, Ca 94612
TITLE	VD	2. TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBSAMEN, RICHARD F.	22. NAME	Dietrich, William H.
STREET ADDRESS	1956 WEBSTER, SUITE 300	23. STREET ADDRESS	1956 Webster St, Suite 300
CITY - ST - ZIP	OAKLAND CA 94612	24. CITY - ST - ZIP	Oakland, Ca 94612
TITLE	DV	3. TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIGHE, WARREN A.	32. NAME	Krakow, Thomas J.
STREET ADDRESS	1956 WEBSTER, STE. 300	33. STREET ADDRESS	1956 Webster St., Suite 300
CITY - ST - ZIP	OAKLAND CA 94612	34. CITY - ST - ZIP	Oakland, Ca 94612
TITLE	D	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, MICHAEL A.	42. NAME	
STREET ADDRESS	1956 WEBSTER, STE. 300	43. STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA 94612	44. CITY - ST - ZIP	
TITLE	DV	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JOHN P.	52. NAME	
STREET ADDRESS	1956 WEBSTER, STE 300	53. STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA 94612	54. CITY - ST - ZIP	
TITLE	DV	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOURT, RANSFORD S.	62. NAME	
STREET ADDRESS	1956 WEBSTER, SUITE 300	63. STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA 94612	64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its 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: F. Richard Rubsamen F. Richard Rubsamen 4-3-95 (510)763-2061
(Signature and typed or printed name of signing officer or director) (Date) (Telephone #)