

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P05357 (9)**

1. Corporation Name
DKS ASSOCIATES, INC.



Principal Place of Business: **1956 WEBSTER STREET STE 300 OAKLAND CA 94612 US**
Mailing Address: **1956 WEBSTER STREET STE 300 OAKLAND CA 94612 US**

3. Date Incorporated or Qualified: **03/19/1985**
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: **94-2583153**
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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEE, LEO K.	
STREET ADDRESS	1956 WEBSTER, STE 300	
CITY-ST-ZIP	OAKLAND CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUBSAMEN, RICHARD F.	
STREET ADDRESS	1956 WEBSTER, SUITE 300	
CITY-ST-ZIP	OAKLAND CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TIGHE, WARREN A.	
STREET ADDRESS	1956 WEBSTER, STE. 300	
CITY-ST-ZIP	OAKLAND CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, MICHAEL A.	
STREET ADDRESS	1956 WEBSTER, STE. 300	
CITY-ST-ZIP	OAKLAND CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LONG, JOHN P.	
STREET ADDRESS	1956 WEBSTER, STE 300	
CITY-ST-ZIP	OAKLAND CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCCOURT, RANSFORD S.	
STREET ADDRESS	1956 WEBSTER, SUITE 300	
CITY-ST-ZIP	OAKLAND CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sauve, Richard T.	
1.3 STREET ADDRESS	1956 Webster St, Suite 300	
1.4 CITY-ST-ZIP	Oakland, CA 94612	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Krakaw, Thomas J.	
2.3 STREET ADDRESS	1956 Webster St, Suite 300	
2.4 CITY-ST-ZIP	Oakland, CA 94612	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dietrich, William H.	
3.3 STREET ADDRESS	1956 Webster St, Suite 300	
3.4 CITY-ST-ZIP	Oakland, CA 94612	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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: *F. Richard Rubsamen* *F. Richard Rubsamen* 2/29/96 (510) 763-2061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)