

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

FILED

**Apr 17 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 # 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 94612-2825 US
---	--

3. Date Incorporated or Qualified 03/19/1985	3a. Date of Last Report 03/13/1996
4. FEI Number 94-2583153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

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 reinstalling) 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 checked="" 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	PD <input type="checkbox"/> DELETE
NAME	SAUVE, RICHARD J.
STREET ADDRESS	1956 WEBSTER STREET SUITE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary / Treasurer
2.3 STREET ADDRESS	Dietrich, William H.
2.4 CITY-ST-ZIP	1956 Webster Street, Suite 300 Oakland, CA 94612
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 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: Richard J. Sauve (510) 763-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)