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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

/ Corporati	JMENT # P0889 K CAPITAL RESOURCES INC	• • • • • • • • • • • • • • • • • • • •			
Principal Place of Business Mailing Address C/O GATX CAPITAL CORP C/O GATX CAPITAL CORP 4 EMBARCADERO CENTER, SUITE 2200 4 EMBARCADERO CENTER			CORP		
SAN FRANCISCO CA 94111-4129 US 2. Principal Place of Business		4 EMBARCADERO CENTER. SUITE 2200 SAN FRANCISCO CA 94111-4129 US		3. Date Incorporated or Qualified 01/30/1986	3a. Date of Last Report 05/01/1995
21	riace of business	2a. Mailing Address		4. FE! Number	Applied For
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		13-3065875	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζρ 24	Country 25	Zip	Country	8. This corporation has liability for in	
	9. Name and Address of Current	Registered Agent	30	Florida Statutes 🔲 Yes	No
			81 Name	10. Name and Address of New Ro	egistered Agent
1201 H	RENTICE-HALL CORPORATION SY IAYES STREET	STEM INC	82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
STE - 1 Tallah	105 HASSEE FL 32301		83		
			84 City		FL 85 Zip Code
11. Pursuant or registe familiar wi	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florid: ith, and accept the obligations of, Section	and 607,1508, Florida Statut i. Such change was authoriz ri 607,0505, Florida Statutes	es, the above named corpored by the corporation's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	
SIGNATURE					
12.	Signature, typed or purced rank of registered agent as OFFICERS AND		the Physician Agent court time to himse	Name of the second seco	DATE
TITLE	AS	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	WILSON, SHARON A	<u></u>	1.2 NAME		Change Addition
STREET ADDRESS	4 EMBARCADERO CTR. #2200	0	13 STREET ADDRESS]:
CITY-ST-ZIP	SAN FRANCISCO CA		14 CRY - ST-ZIP		
TITLE	V	DELETE	2 1 TIFLE		Change Addition
NAME	GLENN, CURT F.		2.2 NAME		Change Madition
STREET ADDRESS	4 EMBARCADERO CTR. #2200)	2 3 STREET ADDRESS		
CITY-ST ZIP	SAN FRANCISCO CA		2.4 CFTY - \$1 - ZIP		
NAME	VSD	DEFELE	3 1 117LF		Change Addition
STREET ADDRESS	NORD, THOMAS C.		3.2 NAME		_
CITY-ST-ZIP	4 EMBARCADERO CTR #2200)	3.3 STHEET ADDRESS		
TITLE	SAN FRANCISCO CA VT	C DECEM	34 CITY - ST - ZIP		
NAME	PRINCE, GEORGE R.	☐ DELETE	4 1 Tiři F		☐ Change ☐ Addition
STREET ADDRESS	4 EMBARCADERO CTR #2200	1	4.2 NAME		
CITY-ST-ZIP	SAN FRANCISCO CA	,	4.3 STREET ADDRESS		
TOLE	PD	DELETE	4.4 CHY+ST-7IP 5 1 HPLF		
NAME	LANE, JOSEPH C	_	5.2 NAME		Change Addition
STREET ADDRESS	4 EMBARCADERO CENTER #2	200	5.3 STREET ADDRESS		
CITY - ST - ZIF	SAN FRANCISCO CA		5.4 CHY-ST-ZIP		
TITLE	V	☐ DELETE	6 1 TITLE		Change Addition
NAME	CROMAR, MICHAEL E		6.2 NAME		☐ change ☐ wonition
STREET ADDRESS	4 EMBARCADERO CTR #2200	}	6.3 STREET ACIDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		6.4 CITY - ST - ZIP		
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I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes 1 further certify that the information indicated on this annual report or supplieringial annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if charges from an attachment with an address.

GERRISOR SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(415) 985-3381