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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

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

**DOCUMENT # P17731 (1)**

1. Corporation Name
**THE COAST DISTRIBUTION SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1982 ZANKER RD<br>BOX 20000<br>SAN JOSE CA 95159 | 1982 ZANKER RD<br>BOX 20000<br>SAN JOSE CA 95159 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1988
3a. Date of Last Report: 04/04/1994

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

4. FEI Number: 94-2490990 ☐ 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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCGUIRE, THOMAS R. | 1.2 NAME | | |
| STREET ADDRESS | 1982 ZANKER RD | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN JOSE CA | 1.4 CITY-ST-ZIP | | |
| TITLE | VS | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KNELL, SANDRA A. | 2.2 NAME | | |
| STREET ADDRESS | 1982 ZANKER RD | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN JOSE CA | 2.4 CITY-ST-ZIP | | |
| TITLE | V | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BERGER, DAVID A. | 3.2 NAME | | |
| STREET ADDRESS | 1982 ZANKER RD | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN JOSE CA | 3.4 CITY-ST-ZIP | | |
| TITLE | AS | 4.1 TITLE | and Director | ☐ Change ☑ Addition |
| NAME | FRYDMAN, BEN A. | 4.2 NAME | | |
| STREET ADDRESS | 660 NEWPORT CTR DR #1600 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEWPORT BEACH CA | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | Frydman, Brian | ☐ Change ☑ Addition |
| NAME | ~~JACOBSON, ROBERT E.~~ | 5.2 NAME | 230 Park Ave | |
| STREET ADDRESS | ~~1982 ZANKER RD~~ | 5.3 STREET ADDRESS | New York NY 10169 | |
| CITY-ST-ZIP | ~~SAN JOSE CA~~ | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SULLIVAN, LOUIS B. | 6.2 NAME | | |
| STREET ADDRESS | 665 CHAPMAN STREET | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN JOSE CA | 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)(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:** Sandra Knell 4/10/95 (408) 436-8611
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone

0401073 PN