

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

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P17731** (1)

1. Corporation Name
THE COAST DISTRIBUTION SYSTEMS, INC.



Principal Place of Business	Mailing Address
1982 ZANKER RD BOX 26888 SAN JOSE CA 95159	1982 ZANKER RD BOX 26888 SAN JOSE CA 95159-6888

3. Date Incorporated or Qualified 01/21/1988	3a. Date of Last Report 03/21/1996
4. FEI Number 94-2490990	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 checked="" 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	28 Zip
25 Country	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
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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYDMAN, BRIAN	5.2 NAME	
STREET ADDRESS	230 PARK AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, LOUIS B.	6.2 NAME	
STREET ADDRESS	865 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 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, changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 3/7/97 (408) 436-8611

CR2E034 (9/96)