

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 6/30/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 29 AM 10:53

DOCUMENT # P28289

(7)

1. Corporation Name

LEVINE FRICKE, INC.

Principal Place of Business

1800 POWELL ST.  
EMERYVILLE CA 94608

Mailing Address

1800 POWELL ST.  
EMERYVILLE CA 94608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/23/1990

3a. Date of Last Report

04/29/1994

4. FEI Number

68-0004387

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

6. This corporation has liability for intangible tax under s. 193.022,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | PD                          |
| NAME            | LEVINE, JAMES D.            |
| STREET ADDRESS  | 1900 POWELL ST., 12TH FL    |
| CITY - ST - ZIP | EMERYVILLE CA               |
| TITLE           | VSD                         |
| NAME            | FRICKE, CARL A. P.          |
| STREET ADDRESS  | 1900 POWELL ST., 12TH FL    |
| CITY - ST - ZIP | EMERYVILLE CA               |
| TITLE           | V                           |
| NAME            | SHARON HALL                 |
| STREET ADDRESS  | 1900 POWELL ST., 12TH FL    |
| CITY - ST - ZIP | EMERYVILLE CA 94608         |
| TITLE           | V                           |
| NAME            | THOMAS JOHNSON              |
| STREET ADDRESS  | 1900 POWELL ST., 12TH FL    |
| CITY - ST - ZIP | EMERYVILLE CA 94608         |
| TITLE           | V                           |
| NAME            | Eileen T. Wintemute         |
| STREET ADDRESS  | 1920 Main Street, Suite 750 |
| CITY - ST - ZIP | Irvine, CA 92714            |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |                                                                              |
| 13 STREET ADDRESS  |                                                                              |
| 14 CITY - ST - ZIP |                                                                              |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                                                                              |
| 23 STREET ADDRESS  |                                                                              |
| 24 CITY - ST - ZIP |                                                                              |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                                                                              |
| 33 STREET ADDRESS  |                                                                              |
| 34 CITY - ST - ZIP |                                                                              |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                                                              |
| 43 STREET ADDRESS  |                                                                              |
| 44 CITY - ST - ZIP |                                                                              |
| 51 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME            |                                                                              |
| 53 STREET ADDRESS  |                                                                              |
| 54 CITY - ST - ZIP |                                                                              |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                                                              |
| 63 STREET ADDRESS  |                                                                              |
| 64 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 110.07(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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/95 (510) 652-4500

(Date)

(Daytime Phone #)