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FILED
Jan 30 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 # P31828

(7)

1. Corporation Name

CIRCLE INTERNATIONAL, INC.



Principal Place of Business

260 TOWNSEND ST.,
SAN FRANCISCO CA 94107

Mailing Address

260 TOWNSEND ST.,
SAN FRANCISCO CA 94107-1719

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 25 29 30

3. Date Incorporated or Qualified

11/14/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

94-1738573

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | GIBERT, PETER | |
| STREET ADDRESS | 260 TOWNSEND ST. | |
| CITY-ST-ZIP | SAN FRANCISCO CA | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LEONARD, STEVEN | |
| STREET ADDRESS | 260 TOWNSEND ST | |
| CITY-ST-ZIP | SAN FRANCISCO CA | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | DIAZ, ROBERT | |
| STREET ADDRESS | 260 TOWNSEND STREET | |
| CITY-ST-ZIP | SAN FRANCISCO CA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ROTH, PAT | |
| STREET ADDRESS | 260 TOWNSEND ST. | |
| CITY-ST-ZIP | SAN FRANCISCO CA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | WERTHEIMER, KIM | |
| STREET ADDRESS | 260 TOWNSEND ST. | |
| CITY-ST-ZIP | SAN FRANCISCO CA | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | KENNIS, ROBERT | |
| STREET ADDRESS | 260 TOWNSEND ST. | |
| CITY-ST-ZIP | SAN FRANCISCO 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 (415) 978-0641

0602420

CR2E034 (9/96)