

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

**FILED**

**May 21 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 # P39386 (8)**  
1. Corporation Name  
**GREINER, INC. OF DELAWARE**



Principal Place of Business: **909 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039-3907**  
Mailing Address: **909 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039-3913**

3. Date Incorporated or Qualified: **06/24/1992**  
3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business: **100 California Street, Suite 500, San Francisco CA 94111-4529 USA**  
2a. Mailing Address: **100 California Street, Suite 500, San Francisco CA 94111-4529 USA**

4. FEI Number: **75-2404146**  
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  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST  
STE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>COSTELLO, ROBERT L.</b>	
STREET ADDRESS	<b>909 E. LAS COLINAS BLVD</b>	
CITY - ST - ZIP	<b>IRVING TX</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLDER, MELISSA K.</b>	
STREET ADDRESS	<b>909 E. LAS COLINAS BLVD.</b>	
CITY - ST - ZIP	<b>IRVING TX</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIDSON, ARNOLD M.</b>	
STREET ADDRESS	<b>909 E. LAS COLINAS BLVD.</b>	
CITY - ST - ZIP	<b>IRVING TX</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>EVP</b>	<input checked="" 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	<b>DIS/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Kent P. Ariswara</b>	
4.3 STREET ADDRESS	<b>100 California Street, # 500</b>	
4.4 CITY - ST - ZIP	<b>San Francisco, CA 94111</b>	
5.1 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Carol Brummerstedt</b>	
5.3 STREET ADDRESS	<b>100 California Street #500</b>	
5.4 CITY - ST - ZIP	<b>San Francisco, CA 94111</b>	
6.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Irwin L. Rosenstein</b>	
6.3 STREET ADDRESS	<b>100 California Street, #500</b>	
6.4 CITY - ST - ZIP	<b>San Francisco, CA 94111</b>	

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: **Carol Brummerstedt** 5/6/97 415-774-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)