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Mar 03 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 # P40035 (8)

1. Corporation Name
KENETECH RESOURCE RECOVERY, INC.



Principal Place of Business
500 SANSOME STREET
SUITE 300
SAN FRANCISCO CA 94111

Mailing Address
500 SANSOME STREET
SUITE 300
SAN FRANCISCO CA 94111-3205

3. Date Incorporated or Qualified
08/13/1992

3a. Date of Last Report
04/02/1996

4. FEI Number
94-3154672

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

2. Principal Place of Business
21 6728 33rd Street East
Suite, Apt. #, etc.

2a. Mailing Address
26 6728 33rd Street East
Suite, Apt. #, etc.

22 City & State
Sarasota, FL

27 City & State
Sarasota, FL

23 Zip
34243

28 Zip
34243

24 Country
USA

29 Country
USA

30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 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

Signature is type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BALVANZ, LORAN R.	
STREET ADDRESS	6447 33RD STREET EAST	
CITY - ST - ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KLITGAARD, WILLIAM E.	
STREET ADDRESS	500 SANSOME STREET	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, MICHAEL U.	
STREET ADDRESS	500 SANSOME STREET	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LERDAL, MARK D	
STREET ADDRESS	500 SANSOME STREET, SUITE 300	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	LEIBENSBERGER, DON W.	
STREET ADDRESS	6952 PRESTON AVE.	
CITY - ST - ZIP	LIVERMORE CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	URHAUSEN, DIANNE P	
STREET ADDRESS	500 SANSOME STREET, SUITE 300	
CITY - ST - ZIP	SAN FRANCISCO CA 94111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALWARD, DOUGLAS R.	
1.3 STREET ADDRESS	27715 Huntingdon Rd., R.R. #5	
1.4 CITY - ST - ZIP	Abbotsford, B.C., Canada V4X 1B6	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DARBY, JAMES. E.H.	
2.3 STREET ADDRESS	27715 Huntingdon Rd., R.R. #5	
2.4 CITY - ST - ZIP	Abbotsford, B.C., Canada V4X 1B6	
3.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CALHOON, MICHAEL R.	
3.3 STREET ADDRESS	6728 33rd Street East	
3.4 CITY - ST - ZIP	Sarasota, FL 34243	
4.1 TITLE	DELETED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	DELETED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	DELETED	<input checked="" 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: *Michael R. Calhoon*

2/25/97

(941) 756-0977

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)