

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40675

(1)

1. Corporation Name

PALM POWER CORPORATION

Principal Place of Business

50 BEALE ST  
SAN FRANCISCO CA 94105  
US

Mailing Address

50 BEALE ST  
C/O TAX DEP  
SAN FRANCISCO CA 94105  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1992

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

94-3115336

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

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	PD	<input type="checkbox"/> DELETE
NAME	CARTER, J. D.	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	CAIN, F.J.	
STREET ADDRESS	50 BEALS ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEDAR, B.D.	
STREET ADDRESS	50 BEALE ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	UNRUH, V.P.	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	PROCTOR, G.C.	
STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	MARTELLO, M.E.	
STREET ADDRESS	50 BEALE STREET	
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 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:

M. E. Martello

M. E. MARTELLO  
Assistant Controller  
(Authorized Officer)

4/14/98 415-768-3500

CR2E034 (10/97)