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**Feb 04 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 # 817290 (0)
1. Corporation Name
HENRY J. KAISER COMPANY



Principal Place of Business: 1800 HARRISON STR OAKLAND CA 94612 US
Mailing Address: 1800 HARRISON STR OAKLAND CA 94612-9429 US

3. Date Incorporated or Qualified: 08/16/1963
3a. Date of Last Report: 03/05/1996
4. FEI Number: 94-1229195
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 C/O Howland, 22 9300 Lee Highway, 23 Fairfax, VA, 24 22031, 25 USA
2a. Mailing Address: 26 C/O Howland, 27 9300 Lee Highway, 28 Fairfax, VA, 29 22031, 30 USA

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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
85 Zip Code: FL

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	RAPP, ALVIN S	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, MICHAEL K	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOWLAND, CATHERINE N	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEEKS, PAUL I	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BONITZ, RICHARD E	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND CA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, KENNETH D	
STREET ADDRESS	1800 HARRISON STREET	
CITY-ST-ZIP	OAKLAND 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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOWLAND, CATHERINE N	
3.3 STREET ADDRESS	9300 Lee Highway	
3.4 CITY-ST-ZIP	Fairfax, VA 22031	
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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Richard K. Nason	
6.3 STREET ADDRESS	9300 Lee Highway	
6.4 CITY-ST-ZIP	Fairfax VA 22031	

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: Catherine N. Howland CATHERINE N. HOWLAND 1/21/97 934-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)