

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004849 (4)**

1. Corporation Name

**FN DEVELOPMENT COMPANY, ALPHA**



Principal Place of Business

**135 MAIN STREET  
SAN FRANCISCO CA 94105**

Mailing Address

**135 MAIN STREET  
SAN FRANCISCO CA 94105**

3. Date Incorporated or Qualified

**10/06/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **275 Battery Street**

26 **C/O Ford Motor Company**

4. FEI Number

**95-4387158**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**23rd Fl.**

27 Suite, Apt. #, etc.  
**The American Rd. Rm 570 WHO**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State  
**San Francisco, CA 94111**

28 City & State  
**Dearborn, MI 48121**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip Country  
**94111 US**

29 Zip Country  
**48121 US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

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 (if not applicable)

DATE Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>WALDECK, FREDERICK T</b>	
STREET ADDRESS	<b>135 MAIN STREET</b>	
CITY- ST- ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MARKLEY, JOHN G</b>	
STREET ADDRESS	<b>135 MAIN STREET</b>	
CITY- ST- ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>KROGIUS, KARIN T</b>	
STREET ADDRESS	<b>135 MAIN STREET</b>	
CITY- ST- ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>EDMONSTON, ROBERT R</b>	
STREET ADDRESS	<b>135 MAIN STREET</b>	
CITY- ST- ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<b>HEINRICH, DANIEL J</b>	
STREET ADDRESS	<b>135 MAIN STREET</b>	
CITY- ST- ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, LEE</b>	
STREET ADDRESS	<b>135 MAIN STREET</b>	
CITY- ST- ZIP	<b>SAN FRANCISCO CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Debbie Olive</b>
1.3 STREET ADDRESS	<b>Vice President</b>
1.4 CITY- ST- ZIP	<b>275 Battery Street, 23rd Fl. San Francisco, CA 94111</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Tami Lopez</b>
2.3 STREET ADDRESS	<b>Asst. Treasurer/Tax Officer</b>
2.4 CITY- ST- ZIP	<b>The American Rd Dearborn, MI 48121</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Tami Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Tami Lopez**

41 29 196

Date

Daytime Phone #

CR2E034 (12/95)