

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

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**Apr 30 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 # F96000006654 (5)**

1. Corporation Name  
**ASSOCIATED BUSINESS PRODUCTS, INC.**



Principal Place of Business Mailing Address  
**PO BOX 7789 SANTA ROSA CA 95407 PO BOX 7789 SANTA ROSA CA 95407-0789**

3. Date Incorporated or Qualified **12/19/1996** 3a. Date of Last Report  
4. FEI Number **68-0003209** 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 2a. Mailing Address  
21 **2329 Circadian Way** 26 **P.O. Box 7789**  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 City & State 27 City & State  
23 **Santa Rosa CA** 28 **Santa Rosa CA**  
Zip Country Zip Country  
24 **95407** 25 **Sonoma** 29 **95407-0789** 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**OCHSENHIRT, GARY** 81 Name  
**110 COASTLINE RD** 82 Street Address (P.O. Box Number is Not Acceptable)  
**SANFORD FL 32771** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINGLER, BRYAN D</b>	1.2 NAME	
STREET ADDRESS	<b>2319 SAGE BRUSH LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ROSA CA 95401</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VS HAASE, CARL A</b>	2.2 NAME	
STREET ADDRESS	<b>640 PIEZZI RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ROSA CA 95401</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDELEN, WILLIAM</b>	3.2 NAME	<b>William Edelen</b>
STREET ADDRESS	<b>1460 WHITE OAK DR</b>	3.3 STREET ADDRESS	<b>1460 White Oak Dr.</b>
CITY-ST-ZIP	<b>SANTA ROSA CA 95409</b>	3.4 CITY-ST-ZIP	<b>Santa Rosa, CA 95409</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>CFO, Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>David W. Wheatman</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2329 Circadian Way</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Santa Rosa, CA 95407</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(9)(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: *David W. Wheatman* **DAVID W. WHEATMAN** **W. Wheatman** 4/17/97 (707) 527-6022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone # 0011317

CR2E034 (9/96)