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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G79652 (5)

1. Corporation Name
E.C. DRIVER & ASSOCIATES, INC.

Principal Place of Business Mailing Address
**7119 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312-0809** **7119 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312-0809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/20/1984 **05/01/1994**

4. FEI Number Applied For
59-2375705 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26** **100 California Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27** **500**
City & State City & State
23 **28** **San Francisco, CA**
Zip Country Zip Country
24 **25** **29** **94111** **30** **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRIVER, E.C.
7119 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312-0809**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DRIVER, E.C.
STREET ADDRESS	7119 BEECH RIDGE TRAIL
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	STD
NAME	DRIVER, BETTY M.
STREET ADDRESS	7119 BEECH RIDGE TRAIL
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VPD
NAME	NICKAS, WILLIAM N.
STREET ADDRESS	7119 BEECH RIDGE TRAIL
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VPD
NAME	ECHAGARRUA, MARIO
STREET ADDRESS	900 FEDERAL HWY, STE 370
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY - ST - ZIP		
2 1 TITLE	VP, CFO, D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Kent P. Ainsworth	
2 3 STREET ADDRESS	100 California Street, #500	
2 4 CITY - ST - ZIP	San Francisco, CA 94111	
3 1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5 2 NAME	Irwin L. Rosenstein	
5 3 STREET ADDRESS	100 California Street, Ste. 500	
5 4 CITY - ST - ZIP	San Francisco, CA 94111	
6 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6 2 NAME	Martin M. Koppel	
6 3 STREET ADDRESS	100 California Street, Ste. 500	
6 4 CITY - ST - ZIP	San Francisco, CA 94111	

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: **Carol Brummerstedt** **4/17/95** **(415) 774-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
Assistant Secretary

679652

**Additional Page to 1995 Corporation Annual Report
E.C. DRIVER & ASSOCIATES, INC.
#G79652**

Block 12-13

**Carol Brummerstedt
Assistant Secretary
100 California Street
Suite 500
San Francisco, California 94111**