

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 13, 1996 08:00 AM
Secretary of State

DOCUMENT # G79652 (5)

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



Principal Place of Business: **7119 BEECH RIDGE TRAIL TALLAHASSEE FL 32312-0609**
Mailing Address: **100 CALIFORNIA ST #500 SAN FRANCISCO CA 94111 US**

3. Date Incorporated or Qualified: **01/20/1984**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2375705**
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

9. Name and Address of Current Registered Agent
**DRIVER, E.C.
7119 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312-0609**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: DRIVER, E.C.	
STREET ADDRESS: 7119 BEECH RIDGE TRAIL	
CITY-ST-ZIP: TALLAHASSEE FL	
TITLE: VPSD	<input type="checkbox"/> DELETE
NAME: AINSWORTH, KENT P.	
STREET ADDRESS: 100 CALIFORNIA ST #500	
CITY-ST-ZIP: SAN FRANCISCO CA	
TITLE: VP	<input checked="" type="checkbox"/> DELETE
NAME: NICKAS, WILLIAM N.	
STREET ADDRESS: 7119 BEECH RIDGE TRAIL	
CITY-ST-ZIP: TALLAHASSEE FL	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: ECHAGARRUA, MARIO	
STREET ADDRESS: 900 FEDERAL HWY, STE 370	
CITY-ST-ZIP: BOCA RATON FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: ROSENSTEIN, IRWIN L.	
STREET ADDRESS: 100 CALIFORNIA ST #500	
CITY-ST-ZIP: SAN FRANCISCO CA	
TITLE: D	<input type="checkbox"/> DELETE
NAME: KOFFEL, MARTIN M.	
STREET ADDRESS: 100 CALIFORNIA ST #500	
CITY-ST-ZIP: SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Marvin J. Bloom	
1.3 STREET ADDRESS: 100 California Street, #500	
1.4 CITY-ST-ZIP: San Francisco, CA 94111	
2.1 TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Hugh Miller	
2.3 STREET ADDRESS: 100 California Street, #500	
2.4 CITY-ST-ZIP: San Francisco, CA 94111	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Carol Brummerstedt** 3/8/96 (415) 774-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)