

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P13745 (5)

1. Corporation Name
BASIC AMERICAN, INC.



Principal Place of Business 2999 OAK RD WALNUT CRK CA 94596 US	Mailing Address 2999 OAK RD WALNUT CRK CA 94596 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1987	
21	22	26	27	4. FEI Number 94-1318402	Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUME, GEORGE H.	1.2 NAME	
STREET ADDRESS	235 LOCUST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUME, WILLIAM J.	2.2 NAME	
STREET ADDRESS	3840 WASHINGTON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	
TITLE	AT	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORSBERG, CHRIS I	3.2 NAME	Nancy K. Clark
STREET ADDRESS	487 GALLAGHER DR	3.3 STREET ADDRESS	695 West B St.
CITY-ST-ZIP	BENICIA CA	3.4 CITY-ST-ZIP	Dixon, CA 95620
TITLE	AST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, PATRICIA A.	4.2 NAME	
STREET ADDRESS	6-C GREENWOOD COVE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIBURON CA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAV, CHRISTINE M	5.2 NAME	
STREET ADDRESS	737 HYDE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	
TITLE	VPS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNECUT, JOHN C	6.2 NAME	
STREET ADDRESS	40 ERICA CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	6.4 CITY-ST-ZIP	

14. I 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 _____ DATE **4/20/98** 925 472 4000

CR2E034 (10/97)