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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 853634 (4)
 1. Corporation Name
EASTERN PROFESSIONAL PROPERTIES, INC.



Principal Place of Business 2700 COLORADO AVE. 200 SANTA MONICA CA 90404 US	Mailing Address 2700 COLORADO AVE. 200 SANTA MONICA CA 90404-3521 US
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3. Date Incorporated or Qualified 08/02/1982	3a. Date of Last Report 01/29/1996
4. FEI Number 93-3565201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3820 State Street	2a. Mailing Address 26 c/o Mary H. Yumibe
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 3820 State Street
City & State 23 Santa Barbara, CA	City & State 28 Santa Barbara, CA
Zip 24 93105	Country 25 USA
Zip 29 93105	Country 30 USA

9. Name and Address of Current Registered Agent
**CT 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	300002063403--3
84 City	01/21/97 - 01/21/97 ***165.00 ***165.00

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	DSVP <input type="checkbox"/> DELETE
NAME	BROWN, SCOTT M.
STREET ADDRESS	2700 COLORADO AVE.
CITY-ST-ZIP	SANTA MONICA CA
TITLE	P <input type="checkbox"/> DELETE
NAME	FOCHT, MICHAEL H.
STREET ADDRESS	2700 COLORADO AVE.
CITY-ST-ZIP	SANTA MONICA CA
TITLE	EVP <input type="checkbox"/> DELETE
NAME	MACKAY, THOMAS B.
STREET ADDRESS	2700 COLORADO AVE.
CITY-ST-ZIP	SANTA MONICA CA
TITLE	VPT <input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P.
STREET ADDRESS	2700 COLORADO AVE.
CITY-ST-ZIP	SANTA MONICA CA
TITLE	EVP <input type="checkbox"/> DELETE
NAME	SMITH W. RANDOLPH
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200
CITY-ST-ZIP	DALLAS TX
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3820 State Street
14 CITY-ST-ZIP	Santa Barbara, CA 93105
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3820 State Street
24 CITY-ST-ZIP	Santa Barbara, CA 93105
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2011 Palomar Airport Rd.
34 CITY-ST-ZIP	Carlsbad, CA 92009
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	3820 State Street
44 CITY-ST-ZIP	Santa Barbara, CA 93105
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Asst. Secretary
63 STREET ADDRESS	Alan Lundgren
64 CITY-ST-ZIP	3820 State Street Santa Barbara, CA 93105

14. I do 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: *Alan Lundgren* **Alan Lundgren, Asst. Sec'y** 1/16/97 805/563-7075
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)