

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000978 (6)**

1. Corporation Name
RPS MANAGEMENT COMPANY, INC.



Principal Place of Business: **1935 CAMINO VIDA ROBLE CARLSBAD CA 92008**
Mailing Address: **1935 CAMINO VIDA ROBLE CARLSBAD CA 92008**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **02/28/1994**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **33-0601404**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.050, 7 and 607.1502, 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 607.050, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not corporation's secretary)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PD**
2. NAME: **BIRD, ALLAN S**
3. STREET ADDRESS: **1935 CAMINO VIDA ROBLE CARLSBAD CA**
4. CITY, ST, ZIP: **CA**

5. TITLE: **VD**
6. NAME: **VON RUSTEN, JOHN H**
7. STREET ADDRESS: **1935 CAMINO VIDA ROBLE CARLSBAD CA**
8. CITY, ST, ZIP: **CA**

9. TITLE: **S**
10. NAME: **GREEN, PATRICIA M**
11. STREET ADDRESS: **1935 CAMINO VIDA ROBLE CARLSBAD CA 92008**
12. CITY, ST, ZIP: **CA 92008**

13. TITLE: **T**
14. NAME: **KANTER, EDWARD**
15. STREET ADDRESS: **1935 CAMINO VIDA ROBLE CARLSBAD CA 92008**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP: Change Addition

5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP: Change Addition

9. TITLE: Change Addition
10. NAME: **BRODSKY, JOHN A.**
11. STREET ADDRESS: **1935 CAMINO VIDA ROBLE CARLSBAD CA 92008**

12. TITLE: Change Addition
13. NAME:
14. STREET ADDRESS:
15. CITY, ST, ZIP: Change Addition

16. TITLE: Change Addition
17. NAME:
18. STREET ADDRESS:
19. CITY, ST, ZIP: Change Addition

14. I 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 successor 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 attached list with an address.

SIGNATURE: *Patricia M. Green* PATRICIA M. GREEN 1/25/96 619-431-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day-Month-Year)

CR2E034 (12/95)