

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

**FILED**

**Mar 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 92008-6513**

3. Date Incorporated or Qualified  
**02/28/1994**

3a. Date of Last Report  
**02/14/1996**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

29 Zip

30 Country

4. FEI Number  
**33-0601404**

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

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRD, ALLAN S</b>	1.2 NAME	
STREET ADDRESS	<b>1935 CAMINO VIDA ROBLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARLSBAD CA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON RUSTEN, JOHN H</b>	2.2 NAME	
STREET ADDRESS	<b>1935 CAMINO VIDA ROBLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARLSBAD CA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, PATRICIA M</b>	3.2 NAME	
STREET ADDRESS	<b>1935 CAMINO VIDA ROBLE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARLSBAD CA 92008</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRODSKY, JOHN A</b>	4.2 NAME	
STREET ADDRESS	<b>1935 CAMINO VIDA ROBLE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARLSBAD CA</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>V</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>WHITE, E. CLARK</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>1935 CAMINO VIDA ROBLE CARLSBAD, CA 92008</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Patricia M. Green** **PATRICIA M. GREEN, SECRETARY** **2/6/97** **619-431-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)