

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

FILED
Mar 04 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | 3. Date Incorporated or Qualified 02/28/1994 | |
| 4. FEI Number 33-0601404 | | Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE *Patricia M. Green* PATRICIA M. GREEN, SECRETARY 2-23-98 760-431-9100

CR2E034 (10/97)