

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006230 (6)**

1. Corporation Name  
**CAMPUS POINT REALTY CORPORATION**



Principal Place of Business Mailing Address  
**10260 CAMPUS POINT DR. SAN DIEGO CA 92121**

3. Date Incorporated or Qualified **12/07/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **95-2591763** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

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. 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 re-issuing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>BALDWIN, DANIEL W</b>	
STREET ADDRESS	<b>1200 PROSPECT ST.</b>	
CITY-ST-ZIP	<b>LA JOLLA CA 92037</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEYSTER, J. ROBERT</b>	
STREET ADDRESS	<b>1241 CAVE ST.</b>	
CITY-ST-ZIP	<b>LA JOLLA CA 92037</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KULL, LORENZ A</b>	
STREET ADDRESS	<b>10260 CAMPUS POINT DR.</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, WARD</b>	
STREET ADDRESS	<b>10260 CAMPUS POINT DR.</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROPER, WILLIAM A</b>	
STREET ADDRESS	<b>10260 CAMPUS POINT DR.</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHILLITO, BARRY J</b>	
STREET ADDRESS	<b>1241 CAVE ST.</b>	
CITY-ST-ZIP	<b>LA JOLLA CA 92037</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: Ward Reed 4-17-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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CAMPUS POINT REALTY CORPORATION  
OFFICER LISTING

<u>NAME</u>	<u>SS NUMBER</u>	<u>OFFICE</u>
DANIEL W. BALDWIN	559-84-0790	PRESIDENT CHAIRMAN OF THE BOARD
ERIC HAZARD	361-46-8915	SENIOR VICE PRESIDENT, OPERATIONS
WARD REED	548-06-8474	CHIEF FINANCIAL OFFICER SENIOR VICE PRESIDENT, FINANCE & ADMINISTRATION
DOUGLAS E. SCOTT	347-56-3848	SECRETARY
BARI L. BERKMAN	265-06-4007	SENIOR VICE PRESIDENT, FACILITIES LEASING ASSISTANT SECRETARY