

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000951 (1)
1. Corporation Name
PSI INSTITUTIONAL ADVISORS, INC.



Principal Place of Business PO BOX 25025 GLENDALE CA 91201-5025	Mailing Address PO BOX 25025 GLENDALE CA 91221-5025
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3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report
4. FEI Number 94-4553166	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 type="checkbox"/> No	

2. Principal Place of Business 21 701 Western Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Suite 200 City & State	27 City & State
23 Glendale CA Zip Country	28 Zip Country
24 91201-2349 25 Los Angeles	29 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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	P <input type="checkbox"/> DELETE
NAME	LENKIN, HARVEY
STREET ADDRESS	600 N. BRAND BLVD. STE 300
CITY-ST-ZIP	GLENDALE CA 91203-1241
TITLE	VAS <input type="checkbox"/> DELETE
NAME	HAVNER, RONALD L JR
STREET ADDRESS	600 N. BRAND BLVD. STE 300
CITY-ST-ZIP	GLENDALE CA 91203-1241
TITLE	VASD <input type="checkbox"/> DELETE
NAME	HORNE, HUGH W
STREET ADDRESS	600 N. BRAND BLVD. STE 300
CITY-ST-ZIP	GLENDALE CA 91203-1241
TITLE	VSD <input type="checkbox"/> DELETE
NAME	GERICH, OBREN B
STREET ADDRESS	600 N. BRAND BLVD. STE 300
CITY-ST-ZIP	GLENDALE CA 91203-1241
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	APONIK, VICKI K
STREET ADDRESS	600 N. BRAND BLVD. STE 300
CITY-ST-ZIP	GLENDALE CA 91203-1241
TITLE	V <input type="checkbox"/> DELETE
NAME	WEBSTER, JILL L
STREET ADDRESS	600 N. BRAND BLVD. STE 300
CITY-ST-ZIP	GLENDALE CA 91203-1241

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	701 Western Ave.
1.4 CITY-ST-ZIP	Glendale CA 91201-2349
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	E. John Reyes
2.3 STREET ADDRESS	701 Western Ave.
2.4 CITY-ST-ZIP	Glendale CA 91201-2349
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	701 Western Ave.
3.4 CITY-ST-ZIP	Glendale CA 91201-2349
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	701 Western Ave.
4.4 CITY-ST-ZIP	Glendale CA 91201-2349
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP Controller Asst. Sec.
5.3 STREET ADDRESS	David P. Singelyn
5.4 CITY-ST-ZIP	701 Western Ave.
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	701 Western Ave.
6.4 CITY-ST-ZIP	Glendale CA 91201-2349

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: _____ DATE: **4-16-97** DAYTIME PHONE #: **(818) 244-8080**

CR2E034 (9/96)

SIGNATURE REQUIRED