FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR 11 PM 3:33

DOCUMENT # **P13865** **(1)**

1. Corporation Name
CSC ACCOUNTS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
C/O TAX DEPT. 2100 E. GRAND AVENUE EL SEGUNDO CA 90245	C/O TAX DEPT. 2100 E. GRAND AVENUE EL SEGUNDO CA 90245

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/01/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **74-1678297** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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	11 TITLE		☐ Change ☐ Addition
NAME	ELAM, DALE B	12 NAME		
STREET ADDRESS	652 E. NORTH BELT	13 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	CARMICHAEL, DWIGHT L	22 NAME		
STREET ADDRESS	652 E NORTH BELT	23 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP		
TITLE	AST	31 TITLE	AST	☒ Change ☐ Addition
NAME	COMBS, KIM	32 NAME	Peggy Fisher	
STREET ADDRESS	652 E. NORTH BELT	33 STREET ADDRESS	7909 Parkwood Circle Dr.	
CITY-ST-ZIP	HOUSTON TX	34 CITY-ST-ZIP	Houston, TX 77036	
TITLE	VPTD	41 TITLE		☐ Change ☐ Addition
NAME	LEVEL, LEON J.	42 NAME		
STREET ADDRESS	2100 E GRAND AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	GORE, RONALD G.	52 NAME		
STREET ADDRESS	652 E. NORTH BELT	53 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	54 CITY-ST-ZIP		
TITLE	VPAS	61 TITLE		☐ Change ☐ Addition
NAME	FISK, HAYWARD D	62 NAME		
STREET ADDRESS	2100 E. GRAND AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA	64 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)(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: **Leon J. Level, Vice President** **3-30-95** **310 615-0311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402004 FP