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

APPROVED AND FILED

95 MAY -1 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11529 (5)

1. Corporation Name

FCG ENTERPRISES, INC.

Principal Place of Business	Mailing Address
100 EAST WARDLOW ROAD LONG BEACH CA 90807	100 EAST WARDLOW ROAD LONG BEACH CA 90807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1986
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: 95-3539020 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______

12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	12. Officers and Directors		13. Additions/Changes	
TITLE	VPD	1 1 TITLE		☐ Change ☐ Addition
NAME	MAY, BRIAN G.	1 2 NAME		
STREET ADDRESS	111 ANZA BLVD., #220	1 3 STREET ADDRESS		
CITY ST ZIP	BURLINGAME CA	1 4 CITY ST ZIP		
TITLE	SD	2 1 TITLE		☐ Change ☐ Addition
NAME	LOWERY, PATRICIA A.	2 2 NAME		
STREET ADDRESS	100 E. WARDLOW RD.	2 3 STREET ADDRESS		
CITY ST ZIP	LONG BEACH CA	2 4 CITY ST ZIP		
TITLE	T	3 1 TITLE		☐ Change ☐ Addition
NAME	REEP, THOMAS	3 2 NAME		
STREET ADDRESS	100 E. WARDLOW RD.	3 3 STREET ADDRESS		
CITY ST ZIP	LONG BEACH CA	3 4 CITY ST ZIP		
TITLE	CD	4 1 TITLE		☐ Change ☐ Addition
NAME	REEP, JAMES A.	4 2 NAME		
STREET ADDRESS	100 E. WARDLOW RD.	4 3 STREET ADDRESS		
CITY ST ZIP	LONG BEACH CA	4 4 CITY ST ZIP		
TITLE	VD	5 1 TITLE		☐ Change ☐ Addition
NAME	MUELLER, FRANK	5 2 NAME		
STREET ADDRESS	600 E LAS COLINAS #1344	5 3 STREET ADDRESS		
CITY ST ZIP	IRVING TX	5 4 CITY ST ZIP		
TITLE	VD	6 1 TITLE	V D	☒ Change ☐ Addition
NAME	HANSON, BRENT	6 2 NAME	Hanson, Brent	
STREET ADDRESS	4550 MONTGOMERY AVE #615	6 3 STREET ADDRESS	6903 Rockledge Dr., Suite 920	
CITY ST ZIP	BETHESDA MD	6 4 CITY ST ZIP	Bethesda, MD 20817-1818	

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: Thomas Reep — Thomas A. Reep, Vice President — 4-21-95 — (310) 595-5291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481150 FN