

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

08 MAY 21 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 834175 (2)
1. Corporation Name
NME PROPERTIES OF DELAWARE, INC.

Principal Place of Business
3820 STATE STREET
SANTA BARBARA CA 93105

Mailing Address
% MARY YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1975

4. FEI Number
91-0628039

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

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 500002536985-0

84 City -05/27/98-01085-003

****550.00 ****580.00

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 of type of person named on registration and certificate of qualification

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FOCHT, MICHAEL H SR.
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE EVPC ☐ DELETE

NAME FETTER, TREVOR
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE SVSD ☐ DELETE

NAME BROWN, SCOTT M
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE VT ☐ DELETE

NAME MCMULLEN, TERENCE P
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE AS ☒ DELETE

NAME LUNDGREN, ALAN
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE

5/19/98

805/563-7075

CR2E034 (10/97)