

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **838458** (8)

1. Corporation Name

MARSHALL AND STEVENS INCORPORATED



Principal Place of Business

Mailing Address

707 WILSHARE BLVD
SUITE 5200
LOS ANGELES CA 90017
US

707 WILSHARE BLVD
SUITE 5200
LOS ANGELES CA 90017
US

2. Principal Place of Business

2a. Mailing Address

21 **707 WILSHARE BLVD**
22 Suite, Apt. #, etc. **5200**

25 **707 WILSHARE BLVD**
27 Suite, Apt. #, etc. **5200**

23 City & State **Los Angeles, CA**

28 City & State **Los Angeles, CA**

24 Zip **90017** 25 Country **U.S.A.**

29 Zip **90017** 30 Country **U.S.A.**

3. Date Incorporated or Qualified

05/19/1977

3a. Date of Last Report

04/27/1995

4. FEI Number

36-2919252

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	SANTARSIERO, M.W.	
STREET ADDRESS	707 WILSHARE BLVD 5200	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ATKINS, MERLE	
STREET ADDRESS	1700 MARKET STR #1510	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VISCONTI, LOU	
STREET ADDRESS	200 NO BROADWAY STE 1600	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KERSLAKE, R	
STREET ADDRESS	707 WILSHARE BLVD SUITE 5200	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	THOMAS, FRED	
STREET ADDRESS	707 WILSHARE BLVD 5200	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, on an attachment with an address.

SIGNATURE:

M. Santarsiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(213) 6128000

Daytime Phone #

CR2E034 (12/95)