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 -7 AM 10:53

DOCUMENT # **845538** **(8)**

1. Corporation Name
EXECUCORP, INC.

Principal Place of Business	Mailing Address
516 N PENNSFIELD PL STE 108 THOUSAND OAKS CA 91360 US	P.O. BOX 1437 THOUSAND OAKS CA 91358-0437 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1980
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1989997 ☐ 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

MARGULIES, ALICIA I
11900 BISCAYNE BLVD STE 200
MIAMI FL 33181

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 X Alicia Irene Margulies Alicia Irene Margulies - Vice President DATE 3/15/95
(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	S	11 TITLE	Secretary	XX Change ☐ Addition
NAME	YINGLING, TERESA A	12 NAME	Wendy Adler	
STREET ADDRESS	516 N PENNSFIELD PL STE 108	13 STREET ADDRESS	516 N. Pennsfield Place, Suite 108	
CITY-ST-ZIP	THOUSAND OAKS CA	14 CITY-ST-ZIP	Thousand Oaks CA	
TITLE	PTD	21 TITLE		☐ Change ☐ Addition
NAME	JOHN K. BALE	22 NAME		
STREET ADDRESS	516 N PENNSFIELD PL STE 108	23 STREET ADDRESS		
CITY-ST-ZIP	THOUSAND OAKS CA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	DELASKI, DONALD	32 NAME		
STREET ADDRESS	8280 GREENSBORO DR STE 300	33 STREET ADDRESS		
CITY-ST-ZIP	MCLEAN VA	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	ALICIA L. MARGULES	42 NAME		
STREET ADDRESS	11900 BISCAYNE BLVD., STE. 200	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JACOBS, ROBERT A.	52 NAME		
STREET ADDRESS	ONE CHASE MANHATTAN PLZ	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	MARRY E. HOLLE	62 NAME		
STREET ADDRESS	516 N PENNSFIELD PL STE 108	63 STREET ADDRESS		
CITY-ST-ZIP	THOUSAND OAKS 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: John K. Bale John K. Bale, President 4/1/95 805-379-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04492011 FP