

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **845538** (8)
1. Corporation Name
EXECUCORP, INC.

Principal Place of Business 516 N PENNSFIELD PL STE 108 THOUSAND OAKS CA 91380 US	Mailing Address P.O. BOX 1437 THOUSAND OAKS CA 91358-0437 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1980	
21		26		4. FEI Number 59-1989997	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent MARGUILES, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, WENDY	12 NAME	
STREET ADDRESS	516 N PENNSFIELD PL STE 108	13 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	14 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICIA L. MARGUILES	42 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD., STE. 200	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLE, MARY E.	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 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: *John K. Bale* President 4/10/98 805-379-6777

CR2E034 (10/97)