

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90027 027 ***158.75

DOCUMENT # 845538
 1. Entity 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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



4. FEI Number **59-1989997** Applied For Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARGULIES, ALICIA I
11900 BISCAYNE BLVD STE 200
MIAMI FL 33181

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADLER, WENDY			NAME			
STREET ADDRESS	516 N PENNSFIELD PL STE 108			STREET ADDRESS			
CITY-ST-ZIP	THOUSAND OAKS CA			CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHN K. BALE			NAME			
STREET ADDRESS	516 N PENNSFIELD PL STE 108			STREET ADDRESS			
CITY-ST-ZIP	THOUSAND OAKS CA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELASKI, DONALD			NAME			
STREET ADDRESS	8280 GREENSBORO DR STE 300			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN VA			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALICIA L. MARGULIES			NAME			
STREET ADDRESS	11900 BISCAYNE BLVD., STE. 200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBS, ROBERT A.			NAME			
STREET ADDRESS	ONE CHASE MANHATTAN PLZ			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLE, MARY E.			NAME			
STREET ADDRESS	516 N PENNSFIELD PL STE 108			STREET ADDRESS			
CITY-ST-ZIP	THOUSAND OAKS CA			CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *John K. Bale* **Vice-President** **4-26-00** **805-379-6777**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #