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 FEB 28 PM 4:02

DOCUMENT # 847715 (0)

1. Corporation Name
SENIOR CORP.

Principal Place of Business	Mailing Address
4490 VON KARMAN NEWPORT BCH CA 92660	C/O TAX DEPT P O BOX 7520 NEWPORT BCH CA 92658-7520 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1980	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2041718	☐ 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	

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
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	CEO	11 TITLE		☐ Change ☐ Addition
NAME	LYON, WILLIAM	12 NAME		
STREET ADDRESS	4490 VON KARMAN	13 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	~~JUNDT, DWIGHT W.~~	22 NAME	LARRY KLEINSCHMIDT	
STREET ADDRESS	4490 VON KARMAN	23 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BCH CA	24 CITY-ST-ZIP		
TITLE	SVD	31 TITLE		☐ Change ☐ Addition
NAME	FRANKEL, RICHARD E.	32 NAME		
STREET ADDRESS	4490 VON KARMAN	33 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BCH, CA. 0	34 CITY-ST-ZIP		
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, RICHARD S.	42 NAME		
STREET ADDRESS	4490 VON KARMAN	43 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BCH CA	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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 or on an attachment with an address.

SIGNATURE: _____ X 2/16/95 Date 714-833-3600 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY KLEINSCHMIDT