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 # **851255** **(0)**

1. Corporation Name
UDC ADVISORY SERVICES, INC.

Principal Place of Business
4820 S MILL AVENUE
TEMPE AZ 85282

Mailing Address
4812 S. MILL AVE
TEMPE AZ 85282
US

3. Date Incorporated or Qualified: **12/08/1981**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **36-2930318** ☐ 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 SOUTH PINE ISLAND RD
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 of signatory (NOTE: Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HAARER, GARY D.	
STREET ADDRESS	4812 S. MILL AVE	
CITY-ST-ZIP	TEMPE AZ	
TITLE	DC	☒ DELETE
NAME	ROSENBERG, GARY A	
STREET ADDRESS	STE.401, ONE EAST SUPERIOR ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VASC	☒ DELETE
NAME	LAZARD, JACQUES C.	
STREET ADDRESS	4820 S MILL AVENUE	
CITY-ST-ZIP	TEMPE, AZ 00000	
TITLE	S	☒ DELETE
NAME	GRIFFIN, M. CYNTHIA	
STREET ADDRESS	4812 S. MILL AVE	
CITY-ST-ZIP	TEMPE AZ	
TITLE	VTAS	☐ DELETE
NAME	UPTON, MARK R.	
STREET ADDRESS	4820 S. MILL AVE	
CITY-ST-ZIP	TEMPE AZ	
TITLE	V	☐ DELETE
NAME	NELSON, ROGER A.	
STREET ADDRESS	4812 S. MILL AVE	
CITY-ST-ZIP	TEMPE AZ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/EV/CFO/T	☒ Change ☐ Addition
1.2 NAME	Lazard, Jacques C.	
1.3 STREET ADDRESS	4812 S. Mill Avenue	
1.4 CITY-ST-ZIP	Tempe, AZ 85282	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	Coltin, Robert E.	
2.3 STREET ADDRESS	4812 S. Mill Avenue	
2.4 CITY-ST-ZIP	Tempe, AZ 85282	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

JZ 4.26

CR2E034 (12/95)

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: _____ Gary D. Haarer 4/24/96 (602) 820-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #