

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 85282-6730 US
---	---

2. Principal Place of Business 21 6710 N. Scottsdale Road Suite, Apt. #, etc.		2a. Mailing Address 26 6710 N. Scottsdale Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/08/1981	3a. Date of Last Report 04/26/1996
22 City & State Scottsdale, AZ		27 City & State Scottsdale, AZ		4. FEI Number 36-2930318	Applied For <input type="checkbox"/> Not Applicable
23 Zip 85253-4424	25 Country US	28 Zip 85253-4424	30 Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D/SEV/CF0/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAARER, GARY D.			1.2 NAME	Gonzales, Kenda B.		
STREET ADDRESS	4812 S. MILL AVE			1.3 STREET ADDRESS	6710 N. Scottsdale Road		
CITY - ST - ZIP	TEMPE AZ			1.4 CITY - ST - ZIP	Scottsdale, AZ 85253-4424		
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D/SEV/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLTIN, ROBERT E.			2.2 NAME	Grogan, James J.		
STREET ADDRESS	4812 S MILL AVENUE			2.3 STREET ADDRESS	6710 N. Scottsdale Road		
CITY - ST - ZIP	TEMPE AZ 85282			2.4 CITY - ST - ZIP	Scottsdale, AZ 85253-4424		
TITLE	DVCT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAZARD, JACQUES C.			3.2 NAME	Nelson, Roger A.		
STREET ADDRESS	4820 S MILL AVENUE			3.3 STREET ADDRESS	6710 N. Scottsdale Road		
CITY - ST - ZIP	TEMPE AZ 85282			3.4 CITY - ST - ZIP	Scottsdale, AZ 85253-4424		
TITLE	VTAS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UPTON, MARK R.			4.2 NAME			
STREET ADDRESS	4820 S. MILL AVE			4.3 STREET ADDRESS			
CITY - ST - ZIP	TEMPE AZ			4.4 CITY - ST - ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, ROGER A.			5.2 NAME			
STREET ADDRESS	4812 S. MILL AVE			5.3 STREET ADDRESS			
CITY - ST - ZIP	TEMPE AZ			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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: **Kenda B. Gonzales** April 30, 1997 (602) 627-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)