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Block 12 or Block 13 if charged, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 98 MAR - 4 PM 12: 41 DOCUMENT # 853634 (4) SECRETARY OF STATE TALLAHASSEE, FLORIDA EASTERN PROFESSIONAL PROPERTIES, INC. Principal Place of Business Mailing Address 3820 STATE STREET 3820 STATE STREET SANTA BARBARA CA 83105 SANTA BARBARA ÇA 93105 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 93-3565201 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zio Country Zip Country 8. This corporation owes or has paid the current year intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 City Zip Code 85 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 if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DSVP DELETE 1.1 TITLE Change Addition TITLE BROWN, SCOTT M. 1.2 NAME NAME 3820 STATE STREET STREET ADDRESS 1.3 STREET ADDRESS SANTA BARBARA CA 93105 1.4 CITY-ST-ZIP CITY-ST-ZIP 900002448669 1149 DELETE TITE F 2.1 TITLE -03/05/98--01114--018 FOCHT. MICHAEL H NAME 2.2 NAME **3820 STATE STREET** ****150.00 STREET ADDRESS 2.3 STREET ADDRESS ****150.00 SANTA BARBARA CA 93105 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change 3.1 TITLE TITLE MACKEY, THOMAS B 3.2 NAME NAME 2011 POLOMAR AIRPORT RD. STREET ADDRESS 3.3 STREET ADDRESS CARLSBAD CA 92009 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE MCMULLEN, TERENCE P. NAME 4. 2 NAME **3820 STATE STREET** STREET ADDRESS 4.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition SMITH W. RANDOLPH NAME 5.2 NAME 14001 DALLAS PARKWAY, STE. 200 STREET ADDRESS 5.3 STREET ADDRESS DALLAS TX CITY-ST-ZiP 5.4 CITY - ST - ZIP AS DELETE Addition TITLE 6.1 TITLE Change LUNDGREN, ALAN NAME 6.2 NAME 3820 STATE STREET STREET ADDRESS 6.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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

Alan Lundaran

2/26/00