

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F93000001192 (4)

1. Corporation Name
**REAL PROPERTY SERVICES CORP., A DELAWARE CORPORA
TION**

Principal Place of Business Mailing Address
**1935 CAMINO VIDA ROBLE
CARLSBAD CA 92008** **1935 CAMINO VIDA ROBLE
CARLSBAD CA 92008**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/03/1993	04/05/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		95-3562968	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				5. Election Campaign Financing Trust Fund Contribution	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				<input type="checkbox"/> \$5.00 May Be Added to Fees	
81 Name				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
82 Street Address (P.O. Box Number is Not Acceptable)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
83					
84 City				10. Name and Address of New Registered Agent	
				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 if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, ALLAN S	1.2 NAME	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	1.3 STREET ADDRESS	
CITY- ST- ZIP	CARLSBAD CA 92008	1.4 CITY- ST- ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON RUSTEN, JOHN H	2.2 NAME	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	2.3 STREET ADDRESS	
CITY- ST- ZIP	CARLSBAD CA 92008	2.4 CITY- ST- ZIP	
TITLE	VS	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, RON	3.2 NAME	JOSHUA D. BIRD
STREET ADDRESS	1935 CAMINO VIDA ROBLE	3.3 STREET ADDRESS	1935 CAMINO VIDA ROBLE
CITY- ST- ZIP	CARLSBAD CA 92008	3.4 CITY- ST- ZIP	CARLSBAD, CA 92008
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, MYRNA	4.2 NAME	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	4.3 STREET ADDRESS	
CITY- ST- ZIP	CARLSBAD CA 92008	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNOW, LANCE	5.2 NAME	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	5.3 STREET ADDRESS	
CITY- ST- ZIP	CARLSBAD CA 92008	5.4 CITY- ST- ZIP	
TITLE	AS	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELAND, MARLA	6.2 NAME	Patricia M. Green
STREET ADDRESS	1935 CAMINO VIDA ROBLE	6.3 STREET ADDRESS	1935 Camino Vida Roble
CITY- ST- ZIP	CARLSBAD CA 92008	6.4 CITY- ST- ZIP	Carlsbad, CA 92008

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 110.07(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:  **John H. von Rusten, Exec. V.P.** **3/6/95** **619-431-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date