

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002223

1. Corporation Name
TRIZECHAHN (USA) CORPORATION

Principal Place of Business
4350 LA JOLLA VILLAGE DRIVE
SUITE 400
SAN DIEGO CA 92122-1233
US

Mailing Address
4350 LA JOLLA VILLAGE DRIVE
SUITE 400
SAN DIEGO CA 92122-1233
US

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/12/1993	
4. FEI Number 33-0387846	Applied For <input type="checkbox"/> Not Applicable
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 owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 retitling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, GREGORY	1.2 NAME	
STREET ADDRESS	4350 L J VILLAGE DRIVE C/O TAX DEPT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, ROBIN A	2.2 NAME	
STREET ADDRESS	4350 L J VILLAGE DRIVE C/O TAX DEPT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORREST, ROBERT B	3.2 NAME	
STREET ADDRESS	4350 L J VILLAGE DRIVE C/O TAX DEPT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, JAMES	4.2 NAME	
STREET ADDRESS	4350 L J VILLAGE DRIVE C/O TAX DEPT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODOY, WENDY M	5.2 NAME	
STREET ADDRESS	4350 LA JOLLA VILLAGE DRIVE, TAX DEPT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHT, JEFFREY D	6.2 NAME	
STREET ADDRESS	4350 LA JOLLA VILLAGE DRIVE, TAX DEPT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature] Date 6/19/99 Daytime Phone # 546-1001

CR2E034 (11/98)