FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # F94000000138 (7)

1. Corporation Name

THE MERCER GROUP, INC.

Principal Place of Business
1801 E. CABRILLO BLVD.
SANTA BARBARA CA 93108

Mailing Address
1801 E. CABRILLO BLVD.
SANTA BARBARA CA 93108

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1994
3a. Date of Last Report: 12/31/94

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

4. FEI Number: 77-0223052 — ☐ 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	10. Name and Address of New Registered Agent
FAUCETT, ROBERT R 4200 CYPRESS SUITE 479 TAMPA FL 33607	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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DONGIEUX, GENE L JR	1.2 NAME	
STREET ADDRESS	1112 LAGUNA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93101	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	ROCHESTIE, HOWARD M	2.2 NAME	
STREET ADDRESS	~~6623 EDLOE ST.~~	2.3 STREET ADDRESS	488 MONARCH LANE
CITY-ST-ZIP	~~HOUSTON TX 77005~~	2.4 CITY-ST-ZIP	MONTECITO, CA 93108
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	WYSEL, GLEN	3.2 NAME	
STREET ADDRESS	1540 BOLERO	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93108	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, DONALD	4.2 NAME	
STREET ADDRESS	887 VIA CAMPOBELLO	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93111	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	400001822314 ☐ Change ☐ Addition
NAME		5.2 NAME	-05/15/96--01049--006
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5/96 JR
TITLE		6.1 TITLE	☐ Change ☐ 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 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: [signature] SEAN K. WALWICK C.F.O. 4/30/96 (805) 565-2541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #