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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business 2700 COLORADO AVE. SANTA MONICA CA 90404 3. Date Incorporated or Qualified 3a 03/29/1994 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Country 2c. Country 2c. Country 2c. Country 2c. Country 2c	a. Date of O4/2	1 Last Re 27/198 2 / 1 58.75 Fee F \$5.00 Addec	eport 95 Applied For Not Applicable Additional Required 0 May Be d to Fees
SANTA MONICA CA 90404 SANTA MONICA CA 90404 3. Date incorporated or Qualified 03/29/1994 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desire	04/2	27/199 \$8.75 Fee F \$5.00 Added	95 Applied For Not Applicable Additional Required May Be d to Fees
2. Principal Place of Business 2. An Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 2. Sup Country 3. Sup Country 2. Sup Country 3. Sup Country 4. FEI Number 5. Certificate of Status Desired Trust Fund Contribution Country Trust Fund Contribution R. This corporation has liability for intang Florida Statutes Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Regist 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City	04/2	27/199 \$8.75 Fee F \$5.00 Added	95 Applied For Not Applicable Additional Required May Be d to Fees
26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 28 Country 29 Country 29 Summe and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Ctrust Fund Contribution 8. This corporation has liability for intang Florida Statutes Yes Suite, Apt. #, etc. 5. Certificate of Status Desired Ctrust Fund Contribution 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City] ngible tax u] No	\$8.75 Fee F \$5.00 Added	Not Applicable Additional Required May Be d to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc.] ngible tax u] No	\$8.75 Fee F \$5.00 Added under s	Additional Required D May Be d to Fees
City & State City & State City & State Zip Country Zip Sity & State City & State Zip Country Zip Sity & State City & State Zip Country Zip Sity & State Trust Fund Contribution Reflorida Statutes Yes 9, Name and Address of Current Registered Agent Sity & State Trust Fund Contribution Reflorida Statutes Yes 10, Name and Address of New Regist Sity Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City] ngible tax u] No	\$5.00 Added under s	Required May Be to Fees
Trust Fund Contribution Zip Country Zip Country 9, Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Trust Fund Contribution This corporation has liability for intang Florida Statutes Yes Service Street Address of New Regist Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	.j ngible tax u] No	Added under s	d to Fees
Zip Country Zip Country 30 B. This corporation has liability for intang Florida Statutes Yes Suppose Statutes S]No	under s	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Name and Address of New Registered Agent 15. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name 18. Name 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 10. Name and Address of New Registe		jent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	sterad Ağı	jent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 84 City			
R4 City			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose		85 Zip	Code
11. Tursiya ito the provisions of Sections 607,002 and 007,1000, notice of statement of the purpose	FL '	sino ito re	onistored office
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS		····	<u> </u>
THE DPS DELETE STR VP, Secy., Director	E S (Change	Addition
NAME BROWN, SCOTT M 12 NAME Scott M. Brown			
SHIFE ADDRESS 2700 COLORADO AVE. 1.3 STREET ADDRESS 2700 COLORADO AVENUE			
CITY-ST-ZIP SANTA MONICA CA 1.4 CITY-ST-ZIP Santa Monica, CA 90404	اب (Change	Addition
NAME ANDERSONS, MARIS 2.2 NAME			
STREET ADDRESS 2700 COLORADO AVE. 23 STREET ADDRESS			
SINY-ST-ZIP SANTA MONICA CA 24 CITY-ST-ZIP			
THE DELETE 3.1 HILE Sr. VP & Asst. Treasurer	r 🗆 (Change	X Addition
NAME 32 NAME Michael H. Focht, Sr.			
SHEEL ADDRESS 2700 Colorado Avenue			
34 CHY - S1 - 70° Santa Monica, CA 90404		<u> </u>	12
DELETE 4.1 TILLE Sr. VP & CFO	П	Change	Addition
NAME 42 NAME Raymund L. Mathiasen			
4.3 STREET ADDRESS 2700 Colorado Avenue CHY-ST-ZIP Santa Monica, CA 90404			
14 City-St-ZiP Santa Montoa, CA 90404	<u> </u>	Change	☐ Addition
MMS 52 NAME	ъ,		
STREET ADDRESS 53 STREET ADDRESS			
	2171.1	5 73)	
	30 2 0	Change	☐ Addition
AM #**200.00			5
STREET ADDRESS 6.3 STREET ADDRESS			Ø
64 City-S1-2ii 64 City-S1-2ii 64 City-S1-2ii 64 City-S1-2ii 64 City-S1-2ii 65 City-S1-2ii 65 City-S1-2ii 65 City-S1-2ii 67 City-S1-2ii 67 City-S1-2ii 68 City-S1-2ii 69 City-S1-2ii 60 City-S1-2ii			

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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(310)998-8427