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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # F94000004329 (8)

1. Corporation Name
SECURITY PACIFIC EXECUTIVE/PROFESSIONAL SERVICES , INC.

Principal Place of Business	Mailing Address
14707 E. 2ND AVE., #100 AURORA CO 80011	PO BOX 37000 C/O TAX DEPT., #10067-57 SAN FRANCISCO CA 94137 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 42-1089505	☐ Applied For ☐ Not Applicable
21	26 PO BOX 37000		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 c/o TAX DEPARTMENT #10067-6P	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 SAN FRANCISCO, CA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 94137 / Country 30 U.S.A.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, M F		1.2 NAME	
STREET ADDRESS	10089 WILLOW CREEK RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92131		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GUNN, GERALD M		2.2 NAME	
STREET ADDRESS	10089 WILLOW CREEK RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92131		2.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CRANDELL, BARBARA		3.2 NAME	
STREET ADDRESS	799 MARKET ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA		3.4 CITY-ST-ZIP	
TITLE	DVT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CAMERON E		4.2 NAME	
STREET ADDRESS	10089 WILLOW CREEK RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, NORMAN S		5.2 NAME	
STREET ADDRESS	10089 WILLOW CREEK RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92131		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: [signature] 4/24/98 (415)433-8580