FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 18 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F94000005390 (9)

1. Corporation Name
LEI FLORIDA, INC.

Principal Place of Business
9190 ACTIVITY ROAD
SAN DIEGO CA 92126

Mailing Address
9190 ACTIVITY ROAD
SAN DIEGO CA 92126

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 33-0423037 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 ____________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	BURR, ROBERT L
STREET ADDRESS	9190 ACTIVITY ROAD
CITY-ST-ZIP	SAN DIEGO CA 92126
TITLE	D
NAME	BURDEN, W C
STREET ADDRESS	6676 E. GUNPARK DRIVE, SUITE B
CITY-ST-ZIP	BOULDER CO 10017
TITLE	VD
NAME	WINCHESTER, JOHN F
STREET ADDRESS	34 SATUITE MEADOW LANE
CITY-ST-ZIP	NORWELL MA 02061
TITLE	D
NAME	LAFFER, ARTHUR B
STREET ADDRESS	1875 CENTURY PARK EAST, SUITE 1770
CITY-ST-ZIP	LOS ANGELES CA 90067
TITLE	V
NAME	WINCHESTER-BURR, CATHERINE
STREET ADDRESS	9190 ACTIVITY ROAD
CITY-ST-ZIP	SAN DIEGO CA 92126
TITLE	V
NAME	WINCHESTER, JOHN L. (JAY)
STREET ADDRESS	9190 ACTIVITY ROAD
CITY-ST-ZIP	SAN DIEGO CA 92126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Chairman of the Board	☑ Change ☐ Addition
1 2 NAME	Burr, Robert L	
1 3 STREET ADDRESS	9190 Activity Road	
1 4 CITY-ST-ZIP	San Diego, CA 92126	
2 1 TITLE	Marshall S. Geller	☑ Change ☐ Addition
2 2 NAME	President & CEO	
2 3 STREET ADDRESS	9190 Activity Road	
2 4 CITY-ST-ZIP	San Diego, CA 92126	
3 1 TITLE	CFO, Secretary, Treasurer	☐ Change ☑ Addition
3 2 NAME	Michael D. Kebely	
3 3 STREET ADDRESS	9190 Activity Road	
3 4 CITY-ST-ZIP	San Diego, CA 92126	
4 1 TITLE	VP	☐ Change ☑ Addition
4 2 NAME	Herbert L. Hermann	
4 3 STREET ADDRESS	9190 Activity Rd, San Diego, CA	
4 4 CITY-ST-ZIP		
5 1 TITLE	VP	☐ Change ☑ Addition
5 2 NAME	Robert B. Cooley	
5 3 STREET ADDRESS	9190 Activity Rd. San Diego CA 92126	
5 4 CITY-ST-ZIP		
6 1 TITLE	VP	☐ Change ☑ Addition
6 2 NAME	Donald Wesser	
6 3 STREET ADDRESS	9190 Activity Rd., San Diego, CA	
6 4 CITY-ST-ZIP	92126	

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: ____________ 4/14/95 (619) 621-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461782 FP