

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005711 (6)**

1. Corporation Name

**OFL-A RECEIVABLES CORP.**

Principal Place of Business: **2131 Palomar Airport Rd. Carlsbad, CA 92009-2115 US**  
Mailing Address: **12750 High Bluff Dr. Suite 320 San Diego, CA 92130 US**

3. Date incorporated or Qualified: **11/03/1994**  
3a. Date of Last Report: **03/06/1995**  
4. FEI Number: **33-0578610**  
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

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

**9. Name and Address of Current Registered Agent**

**CT Corporation System  
1200 S. 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: Type or printed name of registered agent and sign, if approved

(NOTE: Registered Agent Signature is joined when registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PDC</b> <input type="checkbox"/> DELETE
NAME	<b>BURDICK, GARY</b>
STREET ADDRESS	<b>12750 High Bluff Drive, St. 320</b>
CITY-ST-ZIP	<b>San Diego, CA 92130</b>
TITLE	<b>SDC</b> <input type="checkbox"/> DELETE
NAME	<b>STEWART, RELLEN</b>
STREET ADDRESS	<b>12750 High Bluff Drive, St. 320</b>
CITY-ST-ZIP	<b>San Diego, CA 92130</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WARD, JEFF</b>
STREET ADDRESS	<b>610 West Ash St., #1500</b>
CITY-ST-ZIP	<b>San Diego, CA 92101</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HILLIGOSS, JEFF</b>
STREET ADDRESS	<b>6000 Clearwater Drive</b>
CITY-ST-ZIP	<b>Minnetonka, MN 55343</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NETJES, DAVE</b>
STREET ADDRESS	<b>6000 Clearwater Drive</b>
CITY-ST-ZIP	<b>Minnetonka, MN 55343</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARX, OWEN</b>
STREET ADDRESS	<b>350 Park Avenue, 15th Floor</b>
CITY-ST-ZIP	<b>New York, NY 10022</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>VP-Corp. Counsel</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>COHEN, JACK R.</b>
1.3 STREET ADDRESS	<b>12750 High Bluff Dr., St. 320</b>
1.4 CITY-ST-ZIP	<b>San Diego, CA 92130</b>
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CRUZ, John</b>
2.3 STREET ADDRESS	<b>12750 High Bluff Dr, St. 320</b>
2.4 CITY-ST-ZIP	<b>San Diego, CA 92130</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>4000001777944</b>
4.4 CITY-ST-ZIP	<b>-04/12/96--01016--031</b>
	<b>***200.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 139.07(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: *Jack R. Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jack R. Cohen, V.P.**

4/4/96  
619/431-5115  
SE 11-11-96

CP2E034 (12/95)