

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

Mailing Address

2131 Palomar Airport Rd.
Carlsbad, CA 92009-2115
US

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

33-0578610

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

CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324

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 is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME BURDICK, GARY
STREET ADDRESS 12750 High Bluff Drive, St. 320
CITY-ST-ZIP San Diego, CA 92130

☐ DELETE

TITLE SDC
NAME STEWART, RELLEN
STREET ADDRESS 12750 High Bluff Drive, St. 320
CITY-ST-ZIP San Diego, CA 92130

☐ DELETE

TITLE VD
NAME WARD, JEFF
STREET ADDRESS 610 West Ash St., #1500
CITY-ST-ZIP San Diego, CA 92101

☐ DELETE

TITLE D
NAME HILLIGOSS, JEFF
STREET ADDRESS 6000 Clearwater Drive
CITY-ST-ZIP Minnetonka, MN 55343

☐ DELETE

TITLE D
NAME NETJES, DAVE
STREET ADDRESS 6000 Clearwater Drive
CITY-ST-ZIP Minnetonka, MN 55343

☐ DELETE

TITLE D
NAME MARX, OWEN
STREET ADDRESS 350 Park Avenue, 15th Floor
CITY-ST-ZIP New York, NY 10022

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP-Corp. Counsel
1.2 NAME COHEN, JACK R.
1.3 STREET ADDRESS 12750 High Bluff Dr., St. 320
1.4 CITY-ST-ZIP San Diego, CA 92130

☐ Change ☒ Addition

2.1 TITLE VP
2.2 NAME CRUZ, John
2.3 STREET ADDRESS 12750 High Bluff Dr, St. 320
2.4 CITY-ST-ZIP San Diego, CA 92130

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

4000001777944
-04/12/96--01016--031
***200.00

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

DATE

Telephone Phone #

619-431-5115

CP2E034 (12/95)