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

APPROVED AND FILED

96 MAY -1 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005794 (2)

1. Corporation Name

CB 1200 CORPORATE PLACE, INC.

Principal Place of Business
533 FREMONT AVENUE, 5TH FLOOR
LOS ANGELES CA 90071

Mailing Address
533 FREMONT AVENUE, 5TH FLOOR
LOS ANGELES CA 90071

3. Date Incorporated or Qualified: 11/09/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 95-4507779 — Applied For / Not Applicable

5. Certificate of Status Desired: XX — $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
21 865 S. Figueroa St.
Suite, Apt. #, etc.
22 Ste. 3500
City & State
23 Los Angeles, CA
Zip
24 90017-2543
Country
25 U.S.A.

2a. Mailing Address
26 865 S. Figueroa St.
Suite, Apt. #, etc.
27 Ste. 3500
City & State
28 Los Angeles, CA
Zip
29 90017-2543
Country
30 U.S.A.

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

900001814749
-05/03/96--01059--001
****208.75 ****208.75

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

TITLE	CD	XX DELETE
NAME	GRAYSON JR, W C	
STREET ADDRESS	533 FREMONT AVENUE, 5TH FL	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	PD	☐ DELETE
NAME	TRACY, SCOTT E	
STREET ADDRESS	533 FREMONT AVENUE, 5TH FL	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	V	☒ DELETE
NAME	MADDOCKS, VANCE G	
STREET ADDRESS	533 FREMONT AVENUE, 5TH FL	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	V	☐ DELETE
NAME	MARKLING, JOSEPH W	
STREET ADDRESS	533 FREMONT AVENUE, 5TH FL	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	V	☒ DELETE
NAME	MOORE, VICTOR	
STREET ADDRESS	533 FREMONT AVENUE, 5TH FL	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	V	XX DELETE
NAME	STEVENS, TIMOTHY N	
STREET ADDRESS	533 FREMONT AVENUE, 5TH FL	
CITY-ST-ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☐ Change XX Addition
1.2 NAME	Richard C. Clotfelter	
1.3 STREET ADDRESS	865 S. Figueroa St., Ste. 3500	
1.4 CITY-ST-ZIP	Los Angeles, CA 90017-2543	
2.1 TITLE	D/ SR/ VP	XX Change ☐ Addition
2.2 NAME	Tracy, Scott E.	
2.3 STREET ADDRESS	865 S. Figueroa St., Ste. 3500	
2.4 CITY-ST-ZIP	Los Angeles, CA 90017-2543	
3.1 TITLE	D/ Executive VP	☐ Change ☒ Addition
3.2 NAME	Stanton H. Zarrow	
3.3 STREET ADDRESS	865 S. Figueroa St., Suite 3500	
3.4 CITY-ST-ZIP	Los Angeles, CA 90017	
4.1 TITLE	SR. VP	XX Change ☐ Addition
4.2 NAME	Joseph W. Markling	
4.3 STREET ADDRESS	865 S. Figueroa St., Suite 3500	
4.4 CITY-ST-ZIP	Los Angeles, CA 90017-	
5.1 TITLE	T	Change ☒ Addition
5.2 NAME	Laurie E. Romanak	
5.3 STREET ADDRESS	865 S. Figueroa St., Suite 3500	
5.4 CITY-ST-ZIP	Los Angels, CA 90017	
6.1 TITLE	S	☐ Change XX Addition
6.2 NAME	Todd Evan Stark	
6.3 STREET ADDRESS	865 S. Figueroa St., Ste. 3500	
6.4 CITY-ST-ZIP	Los Angeles, CA 90017-2543	

a.a. 5-1-96

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: Todd Evan Stark — 4/30/96 — (213) 683-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Todd Evan Stark, Secretary

CR2E034 (12/95)