

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 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 # F94000005794 (2)

1. Corporation Name

CB 1200 CORPORATE PLACE, INC.

Principal Place of Business

865 S. FIGUEROA STREET
SUITE 3500
LOS ANGELES CA 90017-2543

Mailing Address

865 S. FIGUEROA STREET
SUITE 3500
LOS ANGELES CA 90017-2543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1994

4. FEI Number

95-4507779

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

24

25

29

30

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)

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	DP	<input type="checkbox"/> DELETE
NAME	CLOTFELTER, RICHARD C	
STREET ADDRESS	865 S. FIGUEROA STREET, SUITE 3500	
CITY- ST- ZIP	LOS ANGELES CA 90017-2543	

TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	TRACY, SCOTT E	
STREET ADDRESS	865 S FIGUEROA STREET, #3500	
CITY- ST- ZIP	LOS ANGELES CA	

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ZARROW, STANTON H	
STREET ADDRESS	865 S. FIGUEROA STREET, SUITE 3500	
CITY- ST- ZIP	LOS ANGELES CA 90017	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARKLING, JOSEPH W	
STREET ADDRESS	865 S. FIGUEROA STREET, SUITE 3500	
CITY- ST- ZIP	LOS ANGELES CA 90017	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ROMANAK, LAURIE E	
STREET ADDRESS	865 FIGUEROA STREET, SUITE 3500	
CITY- ST- ZIP	LOS ANGELES CA 90017	

TITLE	S	<input type="checkbox"/> DELETE
NAME	STARK, TODD E	
STREET ADDRESS	865 S. FIGUEROA STREET, SUITE 3500	
CITY- ST- ZIP	LOS ANGELES CA 90017-2543	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Zerbst, Robert H.	
13 STREET ADDRESS		
14 CITY- ST- ZIP		

21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		

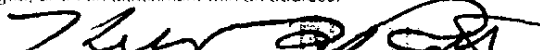
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		

61 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Roth, Herbert L.	
63 STREET ADDRESS		
64 CITY- ST- ZIP		

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:



4/29/98

(213) 683-4200

CR2E034 (10/97)