

**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

**RECEIVED**

**DOCUMENT # F94000006611 (7)**

1. Corporation Name  
**2140 SCT CORPORATION**



Principal Place of Business: **800 NEWPORT CTR. DR., STE. 300 NEWPORT BEACH CA 92660**  
Mailing Address: **800 NEWPORT CTR. DR., STE. 300 NEWPORT BEACH CA 92660**

3. Date Incorporated or Qualified: **12/22/1994**      3a. Date of Last Report: **05/25/1995**  
4. FEI Number: **33-0641961**      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

2. Principal Place of Business: 21 [ ]  
2a. Mailing Address: 26 [ ]  
22. Suite, Apt. #, etc.: [ ]      27. Suite, Apt. #, etc.: [ ]  
23. City & State: [ ]      28. City & State: [ ]  
24. Zip: [ ]      Country: [ ]      29. Zip: [ ]      Country: [ ]

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

**10. Name and Address of New Registered Agent**

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

81. Name: [ ]  
82. Street Address (P.O. Box Number is Not Acceptable): [ ]  
83. [ ]  
84. City: [ ]      85. Zip Code: **FL**

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 Director      Date: [ ]

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NEILL, MICHAEL R	
STREET ADDRESS	800 NEWPORT CTR. DR., STE. 300	
CITY-STATE-ZIP	NEWPORT BEACH CA 92660	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCWALTERS, JAMES G	
STREET ADDRESS	800 NEWPORT CTR. DR., STE. 300	
CITY-STATE-ZIP	NEWPORT BEACH CA 92660	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	SULLIVAN, LAWRENCE K	
STREET ADDRESS	800 NEWPORT CTR. DR., STE. 300	
CITY-STATE-ZIP	NEWPORT BEACH CA 92660	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOWER, RONALD L	
STREET ADDRESS	800 NEWPORT CTR. DR., STE. 300	
CITY-STATE-ZIP	NEWPORT BEACH CA 92660	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HUBBS, DAVID K	
STREET ADDRESS	800 NEWPORT CTR. DR., STE. 300	
CITY-STATE-ZIP	NEWPORT BEACH CA 92660	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SULLIVAN, GLORIA S	
STREET ADDRESS	800 NEWPORT CTR. DR., STE. 300	
CITY-STATE-ZIP	NEWPORT BEACH CA 92660	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP Hubbs, David K
5.3 STREET ADDRESS	800 Newport Center Drive #300
5.4 CITY-STATE-ZIP	Newport Beach, CA 92660
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**900001778668**  
**-04/12/96--01067--009**  
**\*\*\*200.00**

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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael R. Neill*      **Michael R. Neill**      2/13/96      714 721 5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #

CR2E034 (12/95)

*Handwritten initials and date*