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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90120 042 ***150.00

DOCUMENT # F95000000097

1. Corporation Name

COLUMBIA ODEDATODE INC

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324

Principal Place of Business	Mailing Address
2231 E. CANELBACK ROAD #400 PHOENIX A2 85016 US	2231 E. CAMELBACK ROAD #400 PHOENIX AZ 85016 US
2. Principal Place of Business 777 UFSTCHFSTER	2a. Mailing Address
Suite, Ast. #, etc.	<u> </u>
21 77'7 <u>UEST CHESTER</u> Suite, Ast. #, etc. 22 City & State	26 Suite, Apt. #, etc. 27 City & State
21 77'7 WESTCHESTER , Suite, Act. #, etc. 22	26 Suite, Apt. #, etc. 27 City & State

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US				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed			
				01/06/1995			
2a. Mailing Address				4. FEI Number	April	ied For	
26				52-1253785	Not /	Applicable	
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Ad		
City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 m	ay Be	
Zip	c	ountry		8. This corporation owes the current year intain	ngible		
29	30			Persor al Property Tax.	∐ Yes ⊔	₫No	
egistered Agent				10. Name and Address of New Registers d A	gent		
		81	Name				
		82	Street Ac de	ess (P.O. Box Number is Not Acceptable)			
		83					
		84	City		85 Zip C	de	

11. Pursuant to the provisions of Sc ctions 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 approximent as registered

agent. a	m familiar with, and accept the obligations of, Section 607.0505, Fiori	da Statutes.									
SIGNATURE	SIGNATURE Signature, typed or printed as ne of registered agent and title if applicable (NOT :: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12						
TITLE	PD 🔣 DELETE	1.1 TITLE	FRED KLEISNER-P	Change	Addition						
NAME	DANZIGER, ERIC A	1.2 NAME	777 WESTCHESTER AVENUE		}						
STREET ADDRE 3S	2231 E. CAMELBACK ROAD #400	13 STREET ADDRESS	WHITE PLAINS, NY 10604								
CITY-ST-ZIP	PHOENIX AZ 85016	14 CITY-ST-ZIP									
TITLE	VPD ✓ DELETE	2 1 TITLE	MARK ROZELLE VÆ	Change	X Addition						
NAME	DARNALL, THEODORE W	2.2 NAME	MARK ROZELLS-V/T								
STREET ADDRE 3S	2231 E. CAMELBACK ROAD #400	2.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400		;						
CITY-ST-ZIP	PHOENIX AZ 85016	2.4 CITY-ST-ZIP	PHOENIX, AZ 85016								
TITLE	SD DELETE	3.1 TITLE	JAMES LATHAM-V/S	Change	⊠ Addition						
NAME	MARGALIT, NIR E	3.2 NAME	777 WESTCHESTER AVENUE								
STREET ADDRESS	2231 E. CAMELBACK ROAD #400	3.3 STREET ADDRESS	WHITE PLAINS, NY 10604								
CITY-ST-ZIP	PHOENIX AZ 85016	34 CITY-ST-ZIP									
TITLE	T E DELETE	4.1 TITLE	05750 140000141 57	Change	Addition						
NAME	MCCAIN, CHARLES E	4.2 NAME	PETER MORROW-AT								
STREET ADDRE 3S	2231 E. CAMELBACK ROAD #400	4.3 STREET ADDRESS	2231 E CAMELBACK RD, STE 400								
CITY-ST-ZIP	PHOENIX AZ 85016	4.4 CITY-ST-ZIP	PHOENIX, AZ 85016	,							
TITLE	VP DELETE	5 1 TITLE	DAVID HUGHES-AT	Change	Addition						
NAME	SCHNAID, ALAN	5.2 NAME	2231 E CAMELBACK RD, STE 400								
STREET ADORE IS	2231 E. CAMELBACK ROAD #400	53 STREET ADDRESS	PHOENIX, AZ 85016								
CITY-ST-ZIP	PHOENIX AZ 85016	5.4 CITY-ST-ZIP		,							
TITLE	D DELETE	6.1 TITLE	DETED ALBEBT AT	Change	🔀 Addition						
NAME	LAPIN, JEFFREY C	6.2 NAME	PETER ALPERT-AT								
STREET ADDRESS	11835 W OLYMPIC BLVD STE 675	6.3 STREET ADDRESS	777 WESTCHESTER AVENUE								
CITY-ST-ZIP	LOS ANGELES CA	64 CITY-ST-ZIP	WHITE PLAINS, NY 10604								

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, with a fother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR