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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001401 (7)

1. Corporation Name

15-PLUS HOLDING COMPANY

Principal Place of Business

865 S. FIGUEROA ST., #3500
LOS ANGELES CA 90017

Mailing Address

865 S. FIGUEROA ST., #3500
LOS ANGELES CA 90017-5472



3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

95-4521803

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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 ☐ DELETE

NAME CLOTFELTER, RICHARD C
STREET ADDRESS 865 S. FIGUEROA STREET, SUITE 3500
CITY-ST-ZIP LOS ANGELES CA 90017-2543

TITLE VD ☐ DELETE

NAME ZARROW, STANTON H
STREET ADDRESS 865 S. FIGUEROA ST., #3500
CITY-ST-ZIP LOS ANGELES CA 90017

TITLE S ☐ DELETE

NAME STARK, TODD E
STREET ADDRESS 865 S. FIGUEROA STREET, SUITE 3500
CITY-ST-ZIP LOS ANGELES CA 90017-2543

TITLE DVP ☐ DELETE

NAME TRACY, SCOTT E
STREET ADDRESS 865 FIGUEROA STREET, SUITE 3500
CITY-ST-ZIP LOS ANGELES CA 90017

TITLE V ☐ DELETE

NAME KRAUCH, WILLIAM K
STREET ADDRESS 865 S. FIGUEROA ST., #3500
CITY-ST-ZIP LOS ANGELES CA 90017

TITLE T ☐ DELETE

NAME ROMANAK, LAURIE
STREET ADDRESS 865 FIGUEROA STREET, SUITE 3500
CITY-ST-ZIP LOS ANGELES CA 90017

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

[Signature]

[Signature]

[Signature]

CR2E034 (9/96)