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Apr 10 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 # F95000004986 (4)

1. Corporation Name

CCS MANAGEMENT INC.



Principal Place of Business

11150 SANTA MONICA BLVD #1400
LOS ANGELES CA 90025

Mailing Address

11150 SANTA MONICA BLVD #1400
LOS ANGELES CA 90025-3386

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/13/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

95-4455553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

61 Name

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

63

64 City

FL

65 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 of 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
NAME ROTH, STEPHEN A
STREET ADDRESS 11150 SANTA MONICA BLVD #1400
CITY - ST - ZIP LOS ANGELES CA 90025

TITLE DV
NAME [REDACTED]
STREET ADDRESS 11150 SANTA MONICA BLVD #1400
CITY - ST - ZIP LOS ANGELES CA 90025

TITLE DV
NAME LYONS, EILEEN
STREET ADDRESS 11150 SANTA MONICA BLVD #1400
CITY - ST - ZIP LOS ANGELES CA 90025

TITLE DV
NAME TOPPINO, CHARLES P
STREET ADDRESS 11150 SANTA MONICA BLVD #1400
CITY - ST - ZIP LOS ANGELES CA 90025

TITLE DT
NAME VAN KONYNENBURG, MICHAEL
STREET ADDRESS 11150 SANTA MONICA BLVD #1400
CITY - ST - ZIP LOS ANGELES CA 90025

TITLE DS
NAME GOODMAN, CHRIS
STREET ADDRESS 11150 SANTA MONICA BLVD #1400
CITY - ST - ZIP LOS ANGELES CA 90025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS GOODMAN - SECRETARY

Date

Daytime Phone #

4-8-97
(810) 914-1515

0501066

CR2E034 (9/96)