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FILED
Apr 22 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 # F96000005365 (9)

1. Corporation Name
CORICO OFFICE PROFESSIONALS, INC.



Principal Place of Business

3353 MICHELSON DR
551M
IRVINE CA 92698
US

Mailing Address

3353 MICHELSON DR
551M
IRVINE CA 92698
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

02-0419376

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

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

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALL. 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME MCLAUGHLIN, JOHN P
STREET ADDRESS TWO KEEWAYDIN DRIVE
CITY-ST-ZIP SALAM NH

TITLE OOO ☒ DELETE

NAME O'DONNELL, R W
STREET ADDRESS TWO KEEWAYDIN DR
CITY-ST-ZIP SALAM NH 75

TITLE DV ☐ DELETE

NAME WHEELER, N S
STREET ADDRESS 300 PARK BLVD, SUITE 105
CITY-ST-ZIP ITASCA IL

TITLE VT ☐ DELETE

NAME HULL, S F
STREET ADDRESS 3353 MICHELSON DR 551M
CITY-ST-ZIP IRVINE CA

TITLE S ☐ DELETE

NAME FISHER, L N
STREET ADDRESS 3353 MICHELSON DR 551M
CITY-ST-ZIP IRVINE CA

TITLE T ☐ DELETE

NAME MORROW, T H
STREET ADDRESS 3353 MICHELSON DR 551M
CITY-ST-ZIP IRVINE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME TILLER, J.V.
1.3 STREET ADDRESS 3353 MICHELSON DRIVE
1.4 CITY-ST-ZIP IRVINE, CA 92698

2.1 TITLE COO ☒ Change ☐ Addition

2.2 NAME TILLER, J.V.
2.3 STREET ADDRESS 3353 MICHELSON DRIVE
2.4 CITY-ST-ZIP IRVINE, CA 92698

3.1 TITLE V ☒ Change ☐ Addition

3.2 NAME WHEELER, N.S.
3.3 STREET ADDRESS 3353 MICHELSON DRIVE
3.4 CITY-ST-ZIP IRVINE, CA 92698

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME 3353 MICHELSON DRIVE
4.3 STREET ADDRESS IRVINE, CA 92698
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME 3353 MICHELSON DRIVE
5.3 STREET ADDRESS IRVINE, CA 92698
5.4 CITY-ST-ZIP

6.1 TITLE ASST. TREASURER ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

T.H. MORROW, ASST. TREASURER

CR2E034 (10/97)