

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000001021 (1)

1. Corporation Name: TRS MANAGEMENT RESOURCES, INC.



Principal Place of Business: 3353 MICHELSON DRIVE, STE 3300 IRVINE CA 92698  
Mailing Address: 3353 MICHELSON DRIVE, STE 3300 IRVINE CA 92698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1997  
4. FEI Number: 33-0735576  
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 owes or has paid the current year intangible Personal Property Tax due June 30:  Yes  No

21. Principal Place of Business: 3353 MICHELSON DRIVE, IRVINE, CA 92698  
22. Suite, Apt. #, etc: 551M  
23. City & State: IRVINE, CA  
24. Zip: 92698  
25. Country: USA  
26. Mailing Address: 3353 MICHELSON DRIVE, IRVINE, CA 92698  
27. Suite, Apt. #, etc: 551M  
28. City & State: IRVINE, CA  
29. Zip: 92698  
30. Country: USA

9. Name and Address of Current Registered Agent: NRAI SERVICES INC, 526 E PARK AVENUE, 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, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHEELER, N S	
STREET ADDRESS	300 PARK BOULEVARD, STE 105	
CITY-ST-ZIP	ITASCA IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONAWAY, J M	
STREET ADDRESS	3353 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FISHER, L N	
STREET ADDRESS	3353 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MORROW, T H	
STREET ADDRESS	3353 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIN, J C	
STREET ADDRESS	100 FLUOR DANIEL DRIVE	
CITY-ST-ZIP	GREENVILLE SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CFO
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)