

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 330D
IRVINE CA 92698**

Mailing Address

**3353 MICHELSON DRIVE, STE 330D
IRVINE CA 92698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

2. Principal Place of Business
21 3353 MICHELSON DRIVE

2a. Mailing Address
26 3353 MICHELSON DRIVE

4. FEI Number

33-0735576

Applied For

Not Applicable

Suite, Apt. #, etc.
22 551M

Suite, Apt. #, etc.
27 551M

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23 IRVINE, CA

City & State
28 IRVINE, CA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip
24 92698

Country
25 USA

Zip
29 92698

Country
30 USA

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WHEELER, N S**
STREET ADDRESS **300 PARK BOULEVARD, STE 105**
CITY-ST-ZIP **ITASCA IL**

☐ DELETE

TITLE **V**
NAME **CONAWAY, J M**
STREET ADDRESS **3353 MICHELSON DRIVE**
CITY-ST-ZIP **IRVINE CA**

☐ DELETE

TITLE **S**
NAME **FISHER, L N**
STREET ADDRESS **3353 MICHELSON DRIVE**
CITY-ST-ZIP **IRVINE CA**

☐ DELETE

TITLE **AT**
NAME **MORROW, T H**
STREET ADDRESS **3353 MICHELSON DRIVE**
CITY-ST-ZIP **IRVINE CA**

☐ DELETE

TITLE **D**
NAME **STEIN, J C**
STREET ADDRESS **100 FLUOR DANIEL DRIVE**
CITY-ST-ZIP **GREENVILLE SC**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

CFO

☒ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 its 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 1/10/99 (711) 277-1010

CR2E034 (10/97)