

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90039 018 ***150.00

DOCUMENT # F97000001021

1. Entity Name
TRS MANAGEMENT RESOURCES, INC.

D0037682



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE ENTERPRISE DR F2B ALISO VIEJO CA 92656 US	Mailing Address ONE ENTERPRISE DR F2B ALISO VIEJO CA 92656 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 33-0735576	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**NRAI SERVICES INC
526 E PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME GRUBBS, W. J.	
STREET ADDRESS ONE ENTERPRISE DR	
CITY-ST-ZIP ALISO VIEJO CA 92656	
TITLE S	<input type="checkbox"/> Delete
NAME FISHER, L N	
STREET ADDRESS ONE ENTERPRISE DR	
CITY-ST-ZIP ALISO VIEJO CA 92656	
TITLE AT	<input checked="" type="checkbox"/> Delete
NAME MORROW, T H	
STREET ADDRESS ONE ENTERPRISE DR	
CITY-ST-ZIP ALISO VIEJO CA 92656	
TITLE D	<input type="checkbox"/> Delete
NAME STEIN, J C	
STREET ADDRESS 100 FLUOR DANIEL DRIVE	
CITY-ST-ZIP GREENVILLE SC	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME HAKE, R. F.	
STREET ADDRESS ONE ENTERPRISE DR	
CITY-ST-ZIP ALISO VIEJO CA 92656	
TITLE CFO	<input checked="" type="checkbox"/> Delete
NAME ROACH, L. T.	
STREET ADDRESS ONE ENTERPRISE DR	
CITY-ST-ZIP ALISO VIEJO CA 92656	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME J.O. ROHANS	
STREET ADDRESS ONE ENTERPRISE DR.	
CITY-ST-ZIP ALISO VIEJO, CA 92656	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ASST. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIN C. TSENG	
STREET ADDRESS ONE ENTERPRISE DR	
CITY-ST-ZIP ALISO VIEJO, CA 92656	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME R. F. HAKE	
STREET ADDRESS ONE ENTERPRISE DR.	
CITY-ST-ZIP ALISO VIEJO, CA 92656	
TITLE CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N. WIRTZ	
STREET ADDRESS ONE ENTERPRISE DR.	
CITY-ST-ZIP ALISO VIEJO, CA 92656	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Min C. Tseng**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-3-01** Daytime Phone # **949-349-6091**

CR2E034 (10/00)