

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90425 040 ***150.00

DOCUMENT # F97000001021
1. Entity Name
TRS MANAGEMENT RESOURCES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE ENTERPRISE DR.
Suite, Apt. #, etc.
F2B
City & State
ALISO VIEJO
Zip
92656
Country
US

3. Mailing Address
ONE ENTERPRISE DR.
Suite, Apt. #, etc.
F2B
City & State
ALISO VIEJO, CA
Zip
92656
Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0735576
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
NRAI
Street Address (P.O. Box Number is Not Acceptable)
526 EAST PARK AVE
City
TALLAHASSEE FL Zip Code
32301

6. 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT J.O. ROLLANS ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-PRESIDENT D.M. STEUERT ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY L.N. FISHER ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST. TREASURER MC. TSENG ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR L.N. FISHER ONE ENTERPRISE DR. ALISO VIEJO, CA 92656	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  MC. TSENG 4/3/02 949349-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D System Process #

CR2E034B (12/01)