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		3. Mailing Address	
ONE ENTERPRISE DR.		ONE ENTERPRISE DR.	
Suite, Apt. #, etc. F2 B		Suite, Apt. #, etc. F2 B	
City & State ALISO VIEJO		City & State ALISO VIEJO, CA	
Zip 92656	Country US	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

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 _____
Signature, typed or printed name of registered agent and title if applicable (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	PRESIDENT	TITLE	
NAME	J.O. ROLLANS	NAME	
STREET ADDRESS	ONE ENTERPRISE DR.	STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	CITY-ST-ZIP	
TITLE	V-PRESIDENT	TITLE	
NAME	D.M. STEUERT	NAME	
STREET ADDRESS	ONE ENTERPRISE DR.	STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	L.N. FISHER	NAME	
STREET ADDRESS	ONE ENTERPRISE DR.	STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	CITY-ST-ZIP	
TITLE	ASST. TREASURER	TITLE	
NAME	M.C. TSENG	NAME	
STREET ADDRESS	ONE ENTERPRISE DR.	STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	L.N. FISHER	NAME	
STREET ADDRESS	ONE ENTERPRISE DR.	STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ M.C. TSENG 4/3/02 949349-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #