

FILE NOW: FILING FEE AFTER MAY 1ST IS \$150.00

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90234 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000003203**

Corporation Name
ENDISPUTE, INC.



Principal Place of Business Mailing Address
1920 MAIN STREET, SUITE 300 **1920 MAIN STREET, SUITE 300**
IRVINE CA 92614 **IRVINE CA 92614**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/18/1997	
City & State		City & State		4. FEI Number	
Zip		Zip		95-3673897	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired <input type="checkbox"/>	
28		28		\$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
30		30		\$5.00 May Be Added to Fees	
31		31		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

NATIONSCORP REGISTERED AGENTS, 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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, STEVE	1.2 NAME	
STREET ADDRESS	1920 MAIN STREET, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92614	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, W. GARDNAR	2.2 NAME	Julie Sager
STREET ADDRESS	1920 MAIN STREET, SUITE 300	2.3 STREET ADDRESS	1920 Main St., Suite 300
CITY-ST-ZIP	IRVINE CA 92614	2.4 CITY-ST-ZIP	Irvine, CA 92614
TITLE	C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, H. W	3.2 NAME	
STREET ADDRESS	1920 MAIN STREET, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92614	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELMEIER, KENT	4.2 NAME	
STREET ADDRESS	1920 MAIN STREET, SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92614	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, RONALD P	5.2 NAME	
STREET ADDRESS	1920 MAIN STREET, SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92614	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowerers.

SIGNATURE: *Julie Sager*

Julie Sager 4/15/99 949/224-1810

CR2E034 (11/98)