

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90083 048 ***150.00

DOCUMENT # F97000004268

1. Entity Name

THE JOHNNY ROCKETS GROUP, INC.

Principal Place of Business

Mailing Address

15635 ALTON PARKWAY, STE 350
 IRVINE CA 92618

15635 ALTON PARKWAY, STE 350
 IRVINE CA 92618-7333

A0032703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4549800

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **HEMMERLE, GLENN E**
 STREET ADDRESS **15635 ALTON PARKWAY STE 350**
 CITY-ST-ZIP **IRVINE CA**

TITLE **CEO/CHAIRMAN** Change Addition
 NAME **SHUMSKY, MICHAEL R.**
 STREET ADDRESS **15635 ALTON PARKWAY STE 350**
 CITY-ST-ZIP **IRVINE CA 92618**

TITLE **V** Delete
 NAME **RICCI, SUSAN**
 STREET ADDRESS **15635 ALTON PARKWAY STE 350**
 CITY-ST-ZIP **IRVINE CA**

TITLE **CFO/SEC Y/SR VP** Change Addition
 NAME **STRYKER, JAMES W**
 STREET ADDRESS **15635 ALTON PARKWAY STE 350**
 CITY-ST-ZIP **IRVINE CA 92618**

TITLE **S** Delete
 NAME **LAZAROW, WARREN T**
 STREET ADDRESS **2200 GENG ROAD**
 CITY-ST-ZIP **PALO ALTO CA**

TITLE **DIRECTOR** Change Addition
 NAME **HALPERN, JOHN**
 STREET ADDRESS **500 BOYLSTON ST STE 1880**
 CITY-ST-ZIP **BOSTON MA 02116-3740**

TITLE **D** Delete
 NAME **DREXLER, MILLARD**
 STREET ADDRESS **1 HARRISON STREET**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **DIRECTOR** Change Addition
 NAME **MARK JENNINGS**
 STREET ADDRESS **551 FIFTH AVE 31st FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10176**

TITLE **D** Delete
 NAME **FRIEDMAN, RICHARD**
 STREET ADDRESS **20 UNIVERSITY ROAD**
 CITY-ST-ZIP **CAMBRIDGE MA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Styrker, Sr. Vice Pres/CFO 3/23/00 (949) 789-6130

Date

Daytime Phone #