

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Sep 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000004446 (7) *Amended*

FOUNDATION INTEGRATED RISK MANAGEMENT SOLUTIONS, INCORPORATED

Principal Place of Business Mailing Address
 390 North Wiget Lane
 Walnut Creek, CA 94598-2406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21: 1171 Sun Center Drive	26: 1171 Sun Center Drive	1171 Sun Center Drive		08/22/1997	
22: Suite, Apt. #, etc.	27: c/o Legal Department	Suite, Apt. #, etc.		4. FEI Number	
23: City & State	28: Rancho Cordova, CA	City & State		68-0165539	
24: Zip	29: 95670	Zip		5. Certificate of Status Desired <input type="checkbox"/>	
25: Country	30: United States	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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.

SIGNATURE _____ NOTE: Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 NAME	C/CEO/D	<input type="checkbox"/> DELETE	12.1 STREET ADDRESS	13.1 TITLE	IP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	13.1 NAME
12.1 STREET ADDRESS	Costa, Maurice A.		12.1 CITY-ST-ZIP	13.2 NAME	White, Robert P.		13.2 STREET ADDRESS
12.1 CITY-ST-ZIP	1171 Sun Center Drive			13.3 STREET ADDRESS	1171 Sun Center Drive		13.3 CITY-ST-ZIP
12.2 NAME	D	<input type="checkbox"/> DELETE	12.2 STREET ADDRESS	13.4 CITY-ST-ZIP	Rancho Cordova, CA 95670		13.4 CITY-ST-ZIP
12.2 STREET ADDRESS	Gellert, Jay M.		12.2 CITY-ST-ZIP	13.1 TITLE	VP-Finance/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	13.1 NAME
12.2 CITY-ST-ZIP	21600 Oxnard Street, Suite 1700			13.2 NAME	Smith, Stephen G.		13.2 STREET ADDRESS
12.3 NAME	D	<input checked="" type="checkbox"/> DELETE	12.3 STREET ADDRESS	13.3 STREET ADDRESS	390 North Wiget Lane		13.3 CITY-ST-ZIP
12.3 STREET ADDRESS	Vidrik, Frank		12.3 CITY-ST-ZIP	13.4 CITY-ST-ZIP	Walnut Creek, CA 94598		13.4 CITY-ST-ZIP
12.3 CITY-ST-ZIP	390 North Wiget Lane			13.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	13.1 NAME
12.4 NAME	Walnut Creek, CA 94598		12.4 STREET ADDRESS	13.2 NAME	Nienow, Trecia M.		13.2 STREET ADDRESS
12.4 CITY-ST-ZIP			12.4 CITY-ST-ZIP	13.3 STREET ADDRESS	1171 Sun Center Drive		13.3 CITY-ST-ZIP
12.5 NAME		<input type="checkbox"/> DELETE	12.5 STREET ADDRESS	13.4 CITY-ST-ZIP	Rancho Cordova, CA 95670		13.4 CITY-ST-ZIP
12.5 CITY-ST-ZIP			12.5 CITY-ST-ZIP	13.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	13.1 NAME
12.6 NAME		<input type="checkbox"/> DELETE	12.6 STREET ADDRESS	13.2 NAME	Johnson, Gregory L.		13.2 STREET ADDRESS
12.6 CITY-ST-ZIP			12.6 CITY-ST-ZIP	13.3 STREET ADDRESS	1171 Sun Center Drive		13.3 CITY-ST-ZIP
12.7 NAME		<input type="checkbox"/> DELETE	12.7 STREET ADDRESS	13.4 CITY-ST-ZIP	Rancho Cordova, CA 95670		13.4 CITY-ST-ZIP
12.7 CITY-ST-ZIP			12.7 CITY-ST-ZIP	13.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	13.1 NAME
12.8 NAME		<input type="checkbox"/> DELETE	12.8 STREET ADDRESS	13.2 NAME	Seibel, Ronald E.		13.2 STREET ADDRESS
12.8 CITY-ST-ZIP			12.8 CITY-ST-ZIP	13.3 STREET ADDRESS	153 Technology		13.3 CITY-ST-ZIP
12.9 NAME		<input type="checkbox"/> DELETE	12.9 STREET ADDRESS	13.4 CITY-ST-ZIP	Irvine, CA 92618		13.4 CITY-ST-ZIP
12.9 CITY-ST-ZIP			12.9 CITY-ST-ZIP	13.1 TITLE			13.1 NAME
12.10 NAME		<input type="checkbox"/> DELETE	12.10 STREET ADDRESS	13.2 NAME			13.2 STREET ADDRESS
12.10 CITY-ST-ZIP			12.10 CITY-ST-ZIP	13.3 STREET ADDRESS	300002645623		13.3 CITY-ST-ZIP
12.11 NAME		<input type="checkbox"/> DELETE	12.11 STREET ADDRESS	13.4 CITY-ST-ZIP	-09/22/98-01005-018		13.4 CITY-ST-ZIP
12.11 CITY-ST-ZIP			12.11 CITY-ST-ZIP	13.1 TITLE	***61.25		13.1 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), Florida Statutes. I further certify that the information contained in 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. I am the 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Trecia M. Nienow* Trecia M. Nienow, 9/11/98 (916) 859-6536