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FILED  
May 04 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 # F97000006377 (2)

1. Corporation Name

MEGA AGENCY GROUP, INC.

Principal Place of Business

Mailing Address

4100 NEWPORT PLACE, SUITE 790  
NEWPORT BEACH CA 92660

4100 NEWPORT PLACE, SUITE 790  
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

33-0731609

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
528 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVC ☐ DELETE  
NAME ALLEN, EDGAR D  
STREET ADDRESS 4100 NEWPORT PLACE, SUITE 790  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE V/D ☐ DELETE  
NAME HERDMAN, LUCINDA  
STREET ADDRESS 4100 NEWPORT PLACE, SUITE 790  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE VD ☐ DELETE  
NAME KELLY, JAMES L  
STREET ADDRESS 4100 NEWPORT PLACE, SUITE 790  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE TD ☐ DELETE  
NAME BURKE, MARK  
STREET ADDRESS 4100 NEWPORT PLACE, SUITE 790  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE VP/S ☐ DELETE  
NAME Jones, Thomas M.  
STREET ADDRESS 4100 Newport Place, Suite 790  
CITY-ST-ZIP Newport Beach, CA 92660

TITLE D ☐ DELETE  
NAME Hamilton, Charles A.  
STREET ADDRESS 555 California Street, Suite 2600  
CITY-ST-ZIP San Francisco, CA 94104

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition  
1.2 NAME F. Oliver Nicklin, Jr.  
1.3 STREET ADDRESS 233 S. Wacker Drive, Suite 9500  
1.4 CITY-ST-ZIP Chicago, IL 60606

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

Thomas M. Jones

4/21/98

(714) 474-7711

CR2E034 (10/97)