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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800001408

DATA PROCESSING RESOURCES CORPORATION

Principal Place of	Business
4400 MACARTHUR	

Mailing Address

4400 MAGARTHUR BLVD: STE 600

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90216 009 ***150.00



NEWPORT-BEACH CA-92000-2007 NEWPORT BEACH CA 92000-2007		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed		
					03/12/1998		
	ace of Business	2a. Mailing Address			4. FEI Number	Ш	Applied For
21 1830	Van Karman	26 18301 Von	Ka	مم ڊس	95-3931443		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22 60		27 600					Required
City & State		City & State			6. Election Campaign Financing		00 May Be
23 1	Country_	20	Country		Trust Fund Contribution		ed to Fees
Zip 9 入く	Country	Zip 912 4 12 30	Country	S. A.	This corporation owes the current year In Personal Property Tax.	itangible Yes	□No
24	9. Name and Address of Current		'I		10. Name and Address of New Registered		
	3. Name and Address of Current	registered Agent	81	Name	- Hallo allo		
NRAI	SERVICES, INC.		<u> </u>	ļ			
	EAST PARK AVENUE		82	Street	Address (P.O. Box Number is Not Acceptable)		
TALL	AHASSEE FL 32301		83	ļ.—			
{							
	100		84	City	FI	85 2	Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the above	l e-named			its registered
office or re	egistered agent, or both, in the State of	Florida, Such change was auth	orized by	the corpo	corporation submits this statement for the purpose operation's board of directors. I hereby accept the appoint	intment a	s registered
agent. I ai	m tamiliar with, and accept the obligation	ons of, Section 607,0505, Florida	3 Statutes				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Ager	nt signature r	equired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	OTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE		CD	⊠ Chan	nge 🗌 Addition
NAME	WEAVER, MARY E		1.2 NAME		Weaver, Hary E.		
STREET ADDRESS	4400 MACARTHUR BLVD., STE 6	600	1.3 STREET	ADDRESS		>	
CITY-ST-ZIP	NEWPORT BEACH CA		1.4 CITY-S	T-ZIP	Irvina, CA 92612		
TITLE	PD	☐ DELETE	2.1 TITLE		PP	Chan	nge
NAME	CONNELL, DAVID M		2.2 NAME		Connell, David M.		
STREET ADDRESS	4400 MACARTHUR BLVD., STE 6	300	2.3 STREE	TADDRESS		>	
CITY-ST-ZIP	NEWPORT BEACH CA		2. 4 CITY-5	ST-ZIP	Truine, CA 92612 VP, Secretary, CFO		
TITLE	VS	DELETE	3.1 TITLE			Chan	nge Addition
NAME.	PIRAINO, MICHAEL A		3.2 NAME		Adams, James A.		
STREET ADDRESS	4400 MACARTHUR BLVD., STE 6	600	3.3 STREE	TADDRESS	1830) Von Karman # 60	~	
CITY-ST-ZIP	NEWPORT BEACH CA		3.4. CITY-5	ST-ZIP	Irv.ne, CA 72612	- FJ∕r box	nge
TITLE	V	☐ DEFELE	4.1 TITLE		7	⊠ Char	ige Addition
NAME	EARLEY, RICHARD E		4. 2 NAME		Earley, Richard E.		
STREET ADDRESS	4400 MACARTHUR BLVD., STE 6	300		TADDRESS	18301 Von Karman #600	•	
C/TY-ST-ZIP	NEWPORT BEACH CA		4.4 CITY-S	T-ZIP	Truine CA 92612	☐ Char	nge Addition
TITLE	D	☐ DELETE	5.1 TITLE 5.2 NAME		Asst. Secretary Switzer, Paulatte J.		-84 Stradition
NAME	LEWIS, J C	•		T ADDRESS	18301 Van Karman # 600		
STREET ADDRESS	300 S. GRAND AVENUE 29TH FI	L	5.4 CITY-S		, , , , , , , , , , , , , , , , , , , ,		
CITY-ST-ZIP	LOS ANGELES CA	☐ DELETE	6.1 TITLE	1-235	Ir V'na CA 926,2 VP, Coeneral Counsel, Secr.	☐ Char	nge Addition
TITLE	D DATDICK C	☐ DELETE	6.2 NAME		Tipten Richard D.		
NAME	HADEN, PATRICK C			T ADDRESS	18301 Von Karman, \$ 600		
STREET ADDRESS	300 S. GRAND AVENUE 29TH FI	L	6.4 CITY+S		Invine, CA 92612		
CITY-ST-ZIP	LOS ANGELES CA		0.4 CH 11-S	11211	/		

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

SIGNATURE: