

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # **N96000005394**

1. Corporation Name  
**10100 SANTA MONICA, INC.**

Principal Place of Business  
**1801 HERMITAGE BLVD.  
SUITE 600  
TALLAHASSEE FL 32308**

Mailing Address  
**1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308**

FILED  
90 APR -9 PM 12:01  
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/21/1996	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3410291	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TODD, DAVID E</b> <b>1801 HERMITAGE BLVD.</b> <b>SUITE 100</b> <b>TALLAHASSEE FL 32308</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE	VTAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W			12 NAME	Roger E. Smith		
STREET ADDRESS	1801 HERMITAGE BLVD. SUITE 600			13 STREET ADDRESS	180 N. LaSalle Street		
CITY-ST-ZIP	TALLAHASSEE FL 32308			14 CITY-ST-ZIP	Chicago, IL 60601		
TITLE	D	<input checked="" type="checkbox"/> DELETE		21 TITLE	VS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HORTON, JAMES W			22 NAME	Thomas McCarthy		
STREET ADDRESS	1801 HERMITAGE BLVD. SUITE 600			23 STREET ADDRESS	180 N. LaSalle Street		
CITY-ST-ZIP	TALLAHASSEE FL 32308			24 CITY-ST-ZIP	Chicago, IL 60601		
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE	VAT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, JEFFREY L			32 NAME	Luanne K. Good		
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600			33 STREET ADDRESS	1801 Hermitage Blvd.		
CITY-ST-ZIP	TALLAHASSEE FL 32308			34 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	P	<input type="checkbox"/> DELETE		41 TITLE	VAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDELMAN, HOWARD J			42 NAME	Thomas M. Burdi		
STREET ADDRESS	180 N. LASALLE STREET			43 STREET ADDRESS	180 N. LaSalle Street		
CITY-ST-ZIP	CHICAGO IL 60601			44 CITY-ST-ZIP	Chicago, IL 60601		
TITLE	DVAS	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HORTON, JAMES W			52 NAME			
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600			53 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			54 CITY-ST-ZIP			
TITLE	VS	<input checked="" type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOELL, JOHN W			62 NAME			
STREET ADDRESS	1801 N LASALLE ST			63 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60601			64 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 617, 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 empowered.

SIGNATURE: Douglas W. Bennett, Director *[Signature]* 3/18/99 850-488-4406

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