FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01084 (3)

1. Corporation Name
IT CORPORATION OF CALIFORNIA

Principal Place of Business	Mailing Address
23456 HAWTHORNE BLVD P O BOX 2995 TORRANCE CA 90505	23456 HAWTHORNE BLVD P O BOX 2995 TORRANCE CA 90505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1984
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 94-1259053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XXX $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	RICE, FRANK C.	1.2 NAME	
STREET ADDRESS	23456 HAWTHORNE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	OCKLEMANN, PHILLIP H.	2.2 NAME	
STREET ADDRESS	23456 HAWTHORNE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	2.4 CITY-ST-ZIP	
TITLE	COB	3.1 TITLE	Secretary ☐ Change XXX ☐ Addition
NAME	HUTCHISON, MURRAY H	3.2 NAME	Eric Schwartz
STREET ADDRESS	23456 HAWTHORNE BLVD	3.3 STREET ADDRESS	23456 Hawthorne Blvd.
CITY-ST-ZIP	TORRANCE CA	3.4 CITY-ST-ZIP	Torrance, CA 90505
TITLE	PCEO	4.1 TITLE	☐ Change ☐ Addition
NAME	SHEH, ROBERT B	4.2 NAME	
STREET ADDRESS	23456 HAWTHORNE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	HART, LARRY M	5.2 NAME	
STREET ADDRESS	23456 HAWTHORNE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	DELUCA, ANTHONY J	6.2 NAME	
STREET ADDRESS	23456 HAWTHORNE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Frank C. Rice 2/7/95 310/791-2516
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Telephone Number

0402770 FP