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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P01084

(3)

1. Corporation Name

IT CORPORATION OF CALIFORNIA

Principal Place of Business

23456 HAWTHORNE BLVD  
P O BOX 2895  
TORRANCE CA 90505

Mailing Address

23456 HAWTHORNE BLVD  
P O BOX 2895  
TORRANCE CA 90505-4716

3. Date Incorporated or Qualified

03/02/1984

3a. Date of Last Report

01/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

94-1259053

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
VP  
RICE, FRANK C.  
STREET ADDRESS  
23456 HAWTHORNE BLVD.  
CITY-ST-ZIP  
TORRANCE CA

TITLE ☐ DELETE

NAME  
T  
OCKLEMAN, PHILLIP H.  
STREET ADDRESS  
23456 HAWTHORNE BLVD.  
CITY-ST-ZIP  
TORRANCE CA

TITLE ☒ DELETE

NAME  
S  
SCHWARTZ, ERIC  
STREET ADDRESS  
23456 HAWTHORNE BLVD  
CITY-ST-ZIP  
TORRANCE CA

TITLE ☒ DELETE

NAME  
P  
CEO  
SHEH, ROBERT B  
STREET ADDRESS  
23456 HAWTHORNE BLVD  
CITY-ST-ZIP  
TORRANCE CA

TITLE ☒ DELETE

NAME  
V  
HART, LARRY M  
STREET ADDRESS  
23456 HAWTHORNE BLVD.  
CITY-ST-ZIP  
TORRANCE CA

TITLE ☐ DELETE

NAME  
V  
DELUCA, ANTHONY J  
STREET ADDRESS  
23456 HAWTHORNE BLVD  
CITY-ST-ZIP  
TORRANCE CA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

☒ Change

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☐ Change

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☐ Change

☐ Addition

14. I do 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 *Frank C. Rice* 1/13/97 (310) 791-2544

CR2E034 (9/96)