**FILED** 

03-02-1999 90073 036 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

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

Mailing Address

7301 NO 16TH ST.

PHOENIX AZ 85020

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P04977

1. Corporation Name

Principal Place of Business

7301 N. 16TH ST.

PHOENIX AZ 85020

STE. 201

MANAGED ACCESS RISK CORPORATION

					02/11/1985			
2. Principal Pl	cipal Place of Business 2a. Mailing Address				4. FEI Number	4. FEI Number		plied For
1 26		26			62-1176288		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.	·		5. Certifcate of Status Desired	ı 🗆	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financi	na 🕳	\$5.00	May Be
3 28					Trust Fund Contribution	.a 🗆	Added t	,
Zip	Country	Zip	Countr	y	8. This corporation owes the o	current year Int	angible	
4	25	29	30		Personal Property Tax.	•		□No
~1	9. Name and Address of Current	<del> </del>	[	-	10. Name and Address of Ne	w Registered	Agent	
			8-	Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
				<u> </u>			7:- C	5-7-
			84	City		FI	85 Zip (	,oae
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abov	/e-named	corporation submits this statement for	the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was at	uthorized by	, the corpo	oration's board of directors. I hereby ac	cept the appoir	ntment as reg	gistered
agent. i ai	m familiar with, and accept the obligation	ons of, Section our 9000, Flor	ilua Statute	3.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Apr	ent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition
NAME	BOGLE, GEORGE E		1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	AUTSTINE TX 78746		1.4 CITY-					
TITLE	S	☐ DELETE	2.1 TITLE	<u> </u>			Change	Addition
NAME	SARA, WENDY		2.2 NAME					
STREET ADDRESS			2.3 STRE	T ADDRESS				
į	PHOENIX AZ 85020		2. 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	VPCT	☐ DELETE	3.1 TITLE	J1-ZII	VP/T		Change	☐ Addition
NAME	MARTIN, W. J		3.2 NAME		• -			
		LRAN		ET ADDRESS				
STREET ADDRESS		) LIAA L						
CITY-ST-ZIP	AUSTIN TX 78746	☐ DELETE	3.4. CITY-	31-ZIP	VP/D		Change	Addition
TITLE	D MICHAEL		4. 2 NAME	.	VI/B		•	_
NAME	BOGLE, G. MICHAEL			ET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP	PHOENIX AZ 85020	☐ DELETE	4.4 CITY- 5.1 TITLE	S1-2IP			☐ Change	Addition
TITLE	P		5.1 HILE 5.2 NAME		·			
NAME	MCDERMOTT, TOM	· t RAAV		ET ADDRESS				
STREET ADDRESS		TWT	5.4 CITY-					
CITY-ST-ZIP	AUSTIN TX 78746		6.1 TITLE		***		Change	XX Addition
TITLE			6.3 NAME	ļ	VP		- Salaringo	XX
NAME					MILLS, KELLY			
,								
STREET ADDRESS	certify that the information supplied with				7301 N. 16th STREET,			

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 oatn; 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, with all other like empowered.

Wendy Sara