FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90017 024 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P05544

ASSOCIATED SECURITIES CORP.					
	•				
		Mailing Address			
Principal Place of Business Mailing Address					
5933 W. CENTU 9TH FLOOR	RY BLVD.	5933 W. CENTURY BLVD.	5933 W. CENTURY BLVD. 9TH FLOOR		
LOS ANGELES CA 90045		LOS ANGELES CA 90045			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					04/02/1985
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		Suite, Apt. #, etc.			95-3793471   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible
24	25 29 30		0		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
2051	TOTALLI CORROBATION OVO	TELA INIO	81	Name	
PRENTICE-HALL CORPORATION SYSTEM, INC.			82	Street	Address (P.O. Box Number is Not Acceptable)
110 NORTH MAGNOLIA STREET			00		
IALL	AHASSEE FL 32301		83		
			84	City	FL 85 Zip Code
44 D CO A 15 D C				a-named	comparation submits this statement for the oursose of changing its registered
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.					
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statutes	•	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	tegistered Ager	nt signature re	required when reinstating) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD □ DELETE 1.11		1.1 TITLE		Mex L Robinson Blud. 9th 7bor
NAME	GAINSBOROUGH, PHILIP N.		1.2 NAME		Max L ROBINSON BIUd. 9th 7loor
STREET ADDRESS	EET ADDRESS 5933 W. CENTURY BLVD.; 9TH FLOOR		1.3 STREET	T ADDRESS	
CITY-ST-ZIP	-ZIP LOS ANGELES CA		1.4 CITY-5	T- ZIP	Los Augeles, CA 90045
TITLE	VP DELETE 2.1		2.1 TITLE		VPT Change Addition
NAME	KLEIN, STEVEN K 22		2.2 NAME		John R Lindsey Blud 9th 7/201   5933 W. Century Blud 9th 7/201
STREET ADDRESS	COOC II CEITICIII BEID CITTICOCII		2.3 STREE	FADDRESS	5933 W. Centary Blue 12
CITY-ST-ZIP			2, 4 CITY-5	ST-ZIP	Los Angeles, CA 9045
TITLE	VI		3.1 TITLE		☐ Change ☐ Addition
NAME	ODATA, MICHAEL		3.2 NAME		
STREET ADDRESS				TADORESS	
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE	-		4.1 TITLE		
NAME	TANDOM, NEAL C.		4. 2 NAME	TADDOSSO	
STREET ADDRESS	SOO W. CENTON BEYEN, STILL ECON			TADDRESS	1
CITY-ST-ZIP	COO / HOLLED O/		4.4 CITY-S	1-214	Change Addition
TITLE	**************************************		5.1 TITLE 5.2 NAME		
NAME STREET ADDRESS	SUJANANI, MURLI	ELOOD		T ADDRESS	
STREET ADDRESS 3933 W. CENTURY BLVD, 9111 FLOOR			5.4 CITY-S		
TITLE	LOS ANGELES CA	☐ DELETE	6.1 TITLE		Change Addition

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or organ attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS