

2-6-97B-1436 -C

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

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Feb 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13865

(1)

1. Corporation Name

CSC ACCOUNTS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

C/O TAX DEPT.  
2100 E. GRAND AVENUE  
EL SEGUNDO CA 90245C/O TAX DEPT.  
2100 E. GRAND AVENUE  
EL SEGUNDO CA 90245-5024

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/01/1987	01/31/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		74-1678297	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAM, DALE B	1.2 NAME	Robert M. Denny
STREET ADDRESS	652 E. NORTH BELT	1.3 STREET ADDRESS	652 North Belt East
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	Houston, TX 77060
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, DWIGHT L	2.2 NAME	
STREET ADDRESS	652 E NORTH BELT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	AST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, PEGGY	3.2 NAME	
STREET ADDRESS	7909 PARKWOOD CIRCLE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	VPTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEL, LEON J.	4.2 NAME	
STREET ADDRESS	2100 E GRAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORE, RONALD G.	5.2 NAME	
STREET ADDRESS	652 E. NORTH BELT	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	VPAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISK, HAYWARD D	6.2 NAME	
STREET ADDRESS	2100 E. GRAND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA	6.4 CITY-ST-ZIP	

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry D. Goodman/Asst. Treas. 01-24-97

Date

Daytime Phone #

(310) 615-0311

0502506

CR2E034 (9/96)

**CSC ACCOUNTS MANAGEMENT, INC.**  
**LIST OF ADDITIONAL OFFICERS**

**OFFICERS:**

Denis M. Crane AT  
2100 E. Grand Ave., El Segundo, CA 90245

R. Nelson Beckham VP  
652 North Belt East, Houston, TX 77060

Larry D. Goodman AT  
2100 E. Grand Ave., El Segundo, CA 90245

Thomas R. Irvin AT  
2100 E. Grand Ave., El Segundo, CA 90245