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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P15846** **(9)**

1. Corporation Name
H.P.S.I., INC.

Principal Place of Business
1360 REYNOLDS AVENUE
SUITE 101
IRVINE CA 92714
US

Mailing Address
1360 REYNOLDS AVENUE
SUITE 101
IRVINE CA 92614-5535
US

3. Date Incorporated or Qualified: 09/04/1987
3a. Date of Last Report: 02/14/1996

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: 95-2893718 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PERRON, WILLIAM E.	1.2 NAME	
STREET ADDRESS	3231 MARYWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CA	1.4 CITY-ST-ZIP	
TITLE	TSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITESIDES, JAMES B.	2.2 NAME	
STREET ADDRESS	19256 JASPER HILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TRABUCO CANYON CA	2.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LINDAHL, BLAINE G.	3.2 NAME	
STREET ADDRESS	19485 JASPER HILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRABUCOCANYON CA	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LARSEN, ERIK	4.2 NAME	
STREET ADDRESS	19292 JASPER HILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRABUCIO CANYON CA	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED — 6 MAR 97 — 714-250-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0076646