FILE NOW: FILING FEE IS $61.25

FILED
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	Mailing Address
1360 REYNOLDS AVENUE SUITE 101 IRVINE CA 92714 US	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 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: James B. Whitesides REQUIRED — 6 MAR 97 — 714-250-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078646