FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 4:18

DOCUMENT # **P21306** **(6)**

1. Corporation Name

MASTER PROTECTION CORPORATION

Principal Place of Business	Mailing Address
520 BROADWAY BLVD., SUITE 650 SANTA MONICA CA 90401	520 BROADWAY BLVD., SUITE 650 SANTA MONICA CA 90401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/14/1988**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **94-3077928** ☐ 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 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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	POLAN, JOSHUA A.	12 NAME	
STREET ADDRESS	165 MASON ST	13 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	BERKLEY, WILLIAM R.	22 NAME	
STREET ADDRESS	165 MASON ST	23 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	24 CITY-ST-ZIP	
TITLE	VPS	31 TITLE	☐ Change ☐ Addition
NAME	WEBER, EDIE	32 NAME	
STREET ADDRESS	520 BROADWAY, STE. 650	33 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FLAGG, GEORGE V.	42 NAME	
STREET ADDRESS	165 MASON ST	43 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	44 CITY-ST-ZIP	
TITLE	VPF	51 TITLE	☐ Change ☐ Addition
NAME	FISHER, NICKOLAS K.	52 NAME	
STREET ADDRESS	520 BROADWAY, STE. 650	53 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA	54 CITY ST ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	WILES, ROBERT L.	62 NAME	
STREET ADDRESS	520 BROADWAY, SUITE 650	63 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nickolas K Fisher — 4/5/95 — 310.451.8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481478 FN