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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90030 005 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30067**  
 1. Corporation Name  
**PRUDENTIAL REFERRAL SERVICES, INC.**

Principal Place of Business <b>3333 MICHELSON DRIVE                  SUITE 1000                  IRVINE CA 92612</b>	Mailing Address <b>3333 MICHELSON DRIVE                  SUITE 1000                  IRVINE CA 92612</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 [ ] Suite, Apt. #, etc. 22 [ ] City & State 23 [ ] Zip [ ] Country [ ] 24 [ ] 25 [ ]	2a. Mailing Address 26 [ ] Suite, Apt. #, etc. 27 [ ] City & State 28 [ ] Zip [ ] Country [ ] 29 [ ] 30 [ ]
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3. Date Incorporated or Qualified <b>07/06/1990</b>	4. FEI Number <b>13-3203133</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OSONIAN, STEVEN	
STREET ADDRESS	3333 MICHELSON DR SUITE 1000	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRANZETTA, DAVID	
STREET ADDRESS	751 BROAD ST	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	COOK, TIM J	
STREET ADDRESS	3333 MICHELSON DR SUITE 1000	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	ASA	<input type="checkbox"/> DELETE
NAME	MANSUR-BROWN, PATRICIA M	
STREET ADDRESS	3333 MICHELSON DR SUITE 1000	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVIES, DOUGLAS G	
STREET ADDRESS	3333 MICHELSON DR SUITE 1000	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GANLEY, RICHARD A	
STREET ADDRESS	10304 N HAYDEN RD	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	President Virginia Silverman
6.3 STREET ADDRESS	3333 Michelson Dr. Ste 1000
6.4 CITY-ST-ZIP	Irvine CA. 92612

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 on an attachment with an address with all other like empowered.

SIGNATURE: *Patricia M. Mansur-Brown* **Patricia M. Mansur-Brown** 1/22/99 949-794-7900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)