


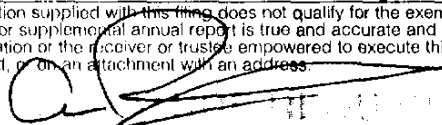
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P35922 (4)					
1. Corporation Name SUTTER CORPORATION					
Principal Place of Business 9425 CHESAPEAKE DR. SAN DIEGO CA 92123			Mailing Address 9425 CHESAPEAKE DR. SAN DIEGO CA 92123		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 1275 W. Washington St. Suite, Apt. #, etc. 22 City & State 23 Tempe, ARIZONA Zip 24 85281 Country 25 USA		2a. Mailing Address 26 1275 W. Washington St. Suite, Apt. #, etc. 27 City & State 28 Tempe, ARIZONA Zip 29 85281 Country 30 USA		3. Date Incorporated or Qualified 10/15/1991 4. FEI Number 95-3430704 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 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 P <input type="checkbox"/> DELETE NAME WEINSTEN, ALLEN STREET ADDRESS 2850 S. 38TH ST. CITY-ST-ZIP PHOENIX AZ			1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Thomas Troter 1.3 STREET ADDRESS 1275 W. Washington 1.4 CITY-ST-ZIP Tempe, AZ 85281		
TITLE VP <input type="checkbox"/> DELETE NAME SKAFF, NICHOLAS A STREET ADDRESS 9425 CHESAPEAKE DR. CITY-ST-ZIP SAN DIEGO CA			2.1 TITLE Executive VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Frank Magee 2.3 STREET ADDRESS 1275 W. Washington 2.4 CITY-ST-ZIP Tempe, AZ 85281		
TITLE C <input type="checkbox"/> DELETE NAME GRANT, JIM STREET ADDRESS 9425 CHESAPEAKE DR. CITY-ST-ZIP SAN DIEGO CA			3.1 TITLE CFO-VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Allan Dunaway 3.3 STREET ADDRESS 1275 W. Washington 3.4 CITY-ST-ZIP Tempe, AZ 85281		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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.					

SIGNATURE:



3-19-98 602-286-5202

CR2E034 (10/97)