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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

| 19   | 996   | No.  | 3  | DIVISION OF  | CORPORATION  | ONS  |  |                       |                        |   |   |
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| OCUM<br>Corporation N  |   | P3609  | 9  | (0)  |  |  |  |                       |                        |   |   |
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| ncipal Place of  |   |  |  | iling Address  |  |  |  |                       |                        |   |   |
| ATTN: CORPORATE TAX DEPARTMENT<br>2100 EAST GRAND AVENUE   |   |  | ATTN: CORPORATE TAX DEPARTMENT<br>2100 EAST GRAND AVENUE |  |  |  |  |                       |                        |   |   |
| EL SEGUNDO   | CA 90245  |  |  | EL SEGUNDO CA 90   | 245  |  | 3. Date Incorporated or Qua  | alified               |                        | e of Last F   |   |
|  |   |  |  |  |  |  | 10/29/1991   |                       |                        | 04/11/19  |   |
| Principa! Place  | e of Business   |  | 1 1  | Maiting Address  |  |  | 4. FEI Number<br>95-2624508  |                       |                        |   | Applied For                                   |
| Suite, Apt. #, 6   | etc.  |  | 26   | Suite, Apt. #, etc.  |  | <del></del>  |  |                       |                        |   | Not Applicable  Additional                    |
| C.C., 7 q.1, 7 ,   | Cic.  |  | 27   | center, 1 qui ir, oto.   |  |  | 5. Certificate of Status Desir   | ed                    |                        | • •   | Required                                      |
| City & State   |   |  |  | City & State   |  |  | 6. Election Campaign Financ  | oing                  |                        | \$5.0   | May Be  |
|  |   |  | 28   |  |  |  | Trust Fund Contribution  |                       |                        |   | d to Fees                                     |
| Zip  | h1  | Country  | 1  | Zip  | Country  | у  | 8. This corporation has liabil   | ity for int<br>Yes    | tangible t             | ax under s  | 199.032,                                      |
|  | 25 Name and   | Address of Curren  | 29 <br>at Regist   | tered Agent  | [30]   |  | Florida Statutes 10. Name and Address of I                                   | _                     | _                      | Agent   | · · · · · · · · · · · · · · · · · · ·         |
|  |   |  |  |  | 81   | Name   |  |                       |                        |   |   |
| CT CORP  | ORATION SY  | STEM   |  |  | 82   | Street Add   | dress (P.O. Box Number is Not Acc  | centable              | 1                      |   |   |
|  | PINE ISLAND   |  |  |  | 02   | Sileer Auc   | iress (ro. box normber is not Act  | Cebranie              | ,                      |   |   |
| DIANTAT  | ION FL 33324  | 1  |  |  | 83   | 3  |  | •                     |                        |   |   |
| PLANIAL  |   |  |  |  | 84   |  |  |                       |                        | 85 Z  | p Code  |
| PLANIAI  |   |  |  |  | 104  | H City   |  |                       |                        |   |   |
| Pursuant to to<br>or registered<br>familiar with,  | lagent, or both,  | in the State of Florid   | da. Such   | 7.1508, Florida Statu<br>I change was authori<br>0505, Florida Statute             | ites, the above-<br>ized by the con  | named corre  | oration submits this statement for t<br>and of directors. I hereby accept th | the purp<br>ne appoir | ose of characteristics | angino its  | registered offic<br>d agent. I am             |
| Pursuant to to registered familiar with, NATURE  | lagent, or both,<br>and accept the  | in the State of Flori<br>obligations of, Sect<br>drame directored april  | da. Such<br>tion 607.0                                   | i charige was authori<br>0505, Florida Statute<br>inpucable (N                     | ites, the above-<br>ized by the con  | named corpo<br>poration's boa  | ard of directors. I hereby accept th   | ne appoir             | ose of charment a      | anging Its<br>s registered                              | d agent. I am                                 |
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appears in Block 12 or Block 13 if changed, or on an attachmore with an address.

SIGNATURE:

Leon J. Level R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 - -Date (310) 615-0311 Daytinie Phone #