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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P37096** (5)

1. Corporation Name

PIA MERCHANDISING CO., INC.



Principal Place of Business

Mailing Address

**19900 MACARTHUR BLVD.
900
IRVINE CA 92715
US**

**P.O. BOX 19777
IRVINE CA 92713
US**

3. Date Incorporated or Qualified

01/15/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

95-4001109

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 then applicant

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **CEOD
OWENS, CLINTON E.**
STREET ADDRESS **19900 MACARTHUR BLVD., #900**
CITY-STATE-ZIP **IRVINE CA 92715**

TITLE ☐ DELETE

NAME **P
GOSS, THOMAS A.**
STREET ADDRESS **19900 MACARTHUR BLVD #900**
CITY-STATE-ZIP **IRVINE CA**

TITLE ☐ DELETE

NAME **SD
HADEN, PATRICK C**
STREET ADDRESS **300 S. GRAND AVE. 29TH FL.**
CITY-STATE-ZIP **LOS ANGELES CA 90017**

TITLE ☐ DELETE

NAME **D
COLWELL, JOHN A.**
STREET ADDRESS **19900 MACARTHUR BLVD., #900**
CITY-STATE-ZIP **IRVINE CA 92715**

TITLE ☐ DELETE

NAME **D
EPSTEIN, EDWIN E**
STREET ADDRESS **19900 MACARTHUR BLVD., #900**
CITY-STATE-ZIP **IRVINE CA 92715**

TITLE ☐ DELETE

NAME **CFO
POLENTZ, ROBERT E**
STREET ADDRESS **19900 MACARTHUR BLVD., #900**
CITY-STATE-ZIP **IRVINE CA**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Polentz 4/25/96

Date

714-476-2200

Display Phone

CR2E034 (12/95)