

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

FILED  
Jul 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37096** (5)  
1. Corporation Name  
**PIA MERCHANDISING CO., INC.**



Principal Place of Business <b>19900 MACARTHUR BLVD. 900 IRVINE CA 92612 US</b>	Mailing Address <b>P.O. BOX 19777 IRVINE CA 92713 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/15/1992</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>95-4001109</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	D CHAIRMAN/BOARD
NAME	OWENS, CLINTON E.	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19900 MACARTHUR BLVD., #900	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	D
NAME	HADEN, PATRICK C	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	900 S. GRAND AVE. 29TH FL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	CEO, PRESIDENT
NAME	COLWELL, JOHN A.	3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	19900 MACARTHUR BLVD., #900	3.3 STREET ADDRESS	TERRY R. PEETS
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	19900 MACARTHUR BLVD., #900
TITLE	D	4.1 TITLE	D
NAME	EPSTEIN, EDWIN E	4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	19900 MACARTHUR BLVD., #900	4.3 STREET ADDRESS	PAT COLLINS
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	19900 MACARTHUR BLVD., #900
TITLE	CFO	5.1 TITLE	S CFO
NAME	OLOFSON, ROY L	5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	19900 MACARTHUR BLVD., #900	5.3 STREET ADDRESS	CATHY L. WOOD
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	19900 MACARTHUR BLVD., #900
TITLE		6.1 TITLE	D
NAME		6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	JOSEPHE COLOMBE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	19900 MACARTHUR BLVD., #900

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 CATHY L. WOOD

05/28/98

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CR2E034 (10/97)