

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30 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 # P37502 (2) 1. Corporation Name CRA, INC.			
Principal Place of Business 11011 N 23RD AVE PHOENIX AZ 85029-4807 US		Mailing Address 11011 N 23RD AVE PHOENIX AZ 85029-4807 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Name and Address of Current Registered Agent C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 PD NAME HUDSON, STEVEN K STREET ADDRESS 181 BAY STREET CITY-ST-ZIP TORONTO ONTARIO CA <input checked="" type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EVPD NAME MEYER, BRADLEY NULL STREET ADDRESS 181 BAY STREET CITY-ST-ZIP TORONTO ONTARIO CA <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME NULLMEYER, BRADLEY 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME NORRIS, STEVEN R. STREET ADDRESS 11011 N. 23RD AVENUE CITY-ST-ZIP PHOENIX AZ <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME COLLING, PETER C. STREET ADDRESS 11011 N. 23RD AVENUE CITY-ST-ZIP PHOENIX AZ <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS NAME HICKS, ROBERT J STREET ADDRESS BANK ONE TOWER 111 MONUMENT CIRCLE CITY-ST-ZIP INDIANAPOLIS IN <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME AUERNIG, DANIEL J STREET ADDRESS 181 BAY STREET CITY-ST-ZIP TORONTO ONTARIO CA <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME Jauernig, Daniel 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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] 7/16/98 (602) 944-1548			

CR2E034 (5/98)