

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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37558** (4)  
1. Corporation Name  
**ROBERT BEIN, WILLIAM FROST & ASSOCIATES INC.**

Principal Place of Business <b>14725 ALTON PARKWAY IRVINE CA 92718</b>	Mailing Address <b>P O BOX 57057 IRVINE CA 92619-7057 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>02/14/1992</b>	
21		26		4. FEI Number <b>95-2247293</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**CROWELL, PATRICK C.  
320 N MAGNOLIA  
S-89  
ORLANDO FL 32801**

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	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIN, ROBERT W.	1.2 NAME	
STREET ADDRESS	14725 ALTON PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, JACK R.	2.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JAMES E	3.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLENBAUGH, S. ROBERT	4.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, DOUGLAS J.	5.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, J. R	6.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	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

*Douglas J. Frost*

1/7/98 (714) 855-3628

CR2E034 (10/97)