

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39992 (3)

1. Corporation Name

NME MANAGEMENT SERVICES, INC.

Principal Place of Business

**2700 COLORADO AVENUE
SANTA MONICA CA 90404**

Mailing Address

**2700 COLORADO AVENUE
SANTA MONICA CA 90404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/05/1992

3a. Date of Last Report

04/14/1994

4. FBI Number

52-1774141

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

*** C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 his or her address)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOCHT, MICHAEL H SR
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	EVP
NAME	LICO, VINCENT
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	SD
NAME	BROWN, SCOTT M
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	CFO
NAME	MATHIASSEN, RAYMOND L
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	AT
NAME	MCMULLEN, TERENCE P
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	AS
NAME	SILVER, RICHARD B
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

800001468128

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******288.00 ****288.00**

SP 4/27

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:

Scott M. Brown, Secretary and Director

4/24/95

310/998-8000

Date

Chapter 119.07