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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P39992

(3)

NME MANAGEMENT SERVICES, INC.

APPROVED AND FILED

96 JAN 29 PM 1: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address									
2700 COLORADO AVENUE 2700 COLORADO AVENUE SANTA MONICA CA 90404 SANTA MONICA CA 90404									
						3. Date Incorporated or Qualified	3a. Dat∈	of Last Report	
						08/05/1992	0	4/27/1995	
	ace of Business	2s. Mailing Address				4. FEI Number		Applied For	
[21]		26				52-1774141		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country		Zip				8. This corporation has liability for intangible tax under s. 199.032,			
24 25						Florida Statutes Yes No			
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
			81	Nan	ne				
	RPORATION SYSTEM EST BROWARD BLVD.		82	Stre	et Addres	Address (P.O. Box Number is Not Acceptable)			
1	TION FL 33324		83					+++++++++++++++++++++++++++++++++++++++	
<u>រុ</u> ភ្នំ គ្រី			84	City			FL	85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	nannec	corporat	ion submits this statement for the pu	rpose of cha	anging its registered office	
or register familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	la. Such change was authorized on 607.0505, Florida Statutes	d by the corp	oration	n's board	of directors. I hereby accept the app	ointment as	registered agent. I am	
SIGNATURE	·								
. Creation is	Signature, gued or pricted hand of registered agent.		. Registered Age	nt sgnati	ire required w		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF			
11°LF	P	☐ DELETE	1 1 Tille				ι	Change Addition	
NAME	FOCHT, MICHAEL H SR		1.2 NAME						
STREET ACCURESS	2700 COLORADO AVE		1.3 STREE		SS	800	no t	708278	
CITY ST-ZIP	SANTA MONICA CA 90404	Sc) DELETE		1.4 CITY - \$1 - ZIP 2 1 TITLE			<u>,/96</u> {	01108004 J###*200400	
NAME	EVP	OCI Dett it	1			****	OB.OU	→ ※※※※5/13/17 ,5,6,6,6,	
	LICO, VINCENT		2 2 NAME	******					
STREET ACORESS	2700 COLORADO AVE		2 3 STREE		>>				
CITY: ST ZIP	SANTA MONICA CA 90404	□ DELETE	2.4 CITY - 5 3.1 TITLE	1-212	 -			Change K Addition	
NAME			3 2 NAME		Se	Senior Vice President			
STACE LADORESS	2700 COLORADO AVE		3.3 STREE	T ANNOC	22				
GITY - ST- ZIP	SANTA MONICA CA 90404		3.4 CITY - 1		5.5				
THE	CFO	DELETE	4 1 71716	11-211				Change Addition	
NAME	MATHIASEN, RAYMOND L		4.2 NAME				•	_ · ·	
STREET ADDRESS	2700 COLORADO AVE		4.3 STREE	ADDRE:	is l				
City - St - 7iP	SANTA MONICA CA 90404		4.4 CITY - 1	T-ZIP					
Tillef	AT	[] DELETE	5 1 Tille				(Change Addition	
NAMí	MCMULLEN, TERENCE P		5.2 NAME						
STELL ADDRESS	2700 COLORADO AVE		5 3 STREE	ADOPE:	SS				
CHY-ST-ZIP	SANTA MONICA CA 90404		5.4 CITY-1	ST-ZIP					
Till. F	AS	DELETE	6 1 TITLE		7		[Change Addition	
NAME	SILVER, RICHARD B		6 2 NAME		Ì			/\ \	
STREET ADDRESS	2700 COLORADO AVE		63 STREE	ADORES	ss			sel.	
CHY-ST 2IP	-ST 21P SANTA MONICA CA 90404 64		6.4 CITY-	6 4 CITY - ST - ZIP				$-\mu$	
[4.4 Lebs bosob	postific tend tipo information accombada.	alth thin there is not retailed to rise	shod bod doc		auglifu for	the evenution stated in Conton 110	へきのいしき だし	vida Cididhahaa II fiiribaa	

non-nevery 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 Stateties, 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 cath; 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

(310)998-8427