

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 JAN 24 PM 2:55

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 90404-3521**

3. Date Incorporated or Qualified

**08/05/1992**

3a. Date of Last Report

**01/29/1996**

2. Principal Place of Business

**21 3820 State Street**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 c/o Mary H. Yumibe**  
Suite, Apt. #, etc.

**22**  
City & State

**23 Santa Barbara, CA**

**24 93105**

**25 USA**

**27 3820 State Street**  
City & State

**28 Santa Barbara, CA**

**29 93105**

**30 USA**

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

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

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	FOCHT, MICHAEL H SR	2700 COLORADO AVE SANTA MONICA CA 90404		<input checked="" type="checkbox"/>
EVP	LICO, VINCENT	2700 COLORADO AVE SANTA MONICA CA 90404		<input checked="" type="checkbox"/>
SVPD	BROWN, SCOTT M	2700 COLORADO AVE SANTA MONICA CA 90404		<input type="checkbox"/>
CFO	MATHIASSEN, RAYMOND L	2700 COLORADO AVE SANTA MONICA CA 90404		<input checked="" type="checkbox"/>
AT	MCMULLEN, TERENCE P	2700 COLORADO AVE SANTA MONICA CA 90404		<input type="checkbox"/>
AS	SILVER, RICHARD B	2700 COLORADO AVE SANTA MONICA CA 90404		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	Timothy L. Pullen	14001 Dallas Parkway Dallas, TX 75240		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Secretary	Alan Lundgren	3820 State Street Santa Barbara, CA 93105		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D		3820 State Street Santa Barbara, CA 93105		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VP/T		3820 State Street Santa Barbara, CA 93105		<input type="checkbox"/>	<input type="checkbox"/>
VP/S		3820 State Street Santa Barbara, CA 93105		<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

*Alan Lundgren*

**Alan Lundgren, Asst. Sec'y**

Date

**1/21/97**

**805/563-7075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)