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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham - ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 MAR - 3 PM 12: 14 P39992 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA NME MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 3820 STATE STREET 3820 STATE STREET SANTA BARBARA CA 93105 SANTA BARBARA CA 93105 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1774141 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes X No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 8751 WEST BROWARD BLVD. **B2** Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition PULLEN, TIMOTHY NAME 1.2 NAME 500002448615---03/05/98--01111--006 14001 DALLAS PARKWAY STREET ADDRESS 1.3 STREET ADDRESS DALLAS TX 75240 \*\*\*\*150.00 CITY-ST-ZIP 1.4 CITY - ST - ZIP <u>\*\*\*\*150.00</u> **ASP** DELETÉ TITLE 2.1 TITLE Change Indition Addition LUNDGREN, ALAN NAME 2.2 NAME 3820 STATE STREET STREET ADDRESS 2.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE BROWN, SCOTT M NAME 3.2 NAME 3820 STATE STREET STREET ADDRESS 3.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 FITLE Change ☐ Addition MATHIASEN, RAYMOND L NAME 4. 2 NAME 2700 COLORADO AVE STREET ADDIESS 4.3 STREET ADDRESS SANTA MONICA CA 90404 CITY-ST-ZI 4.4 CITY - ST - ZIP TITLE DELETE Addition 5.1 TITLE Change MCMULLEN, TERENCE P NAME 5.2 NAME **3820 STATE STREET** STREET ADDRESS **5.3 STREET ADDRESS** SANTA BARBARA CA 93105 CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition SILVER, RICHARD B NAME 6.2 NAME 3820 STATE STREET STREET ADDRESS 6.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 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.

Richard R. Silver

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905/540 7075