

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

0555012

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000060625

1. Corporation Name
ORNDA FMC, INC.

Principal Place of Business
**3820 STATE STREET
 SANTA BARBARA CA 93105**

Mailing Address
**C/O MARY H. YUMIBE
 3820 STATE STREET
 SANTA BARBARA CA 93105**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SO. PINE ISLAND ROAD
 PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Numbers 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 the signatory

Full Registered Agent's name and address (if not the same as above)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	[] DELETE
NAME	FOCHT, MICHAEL H SR.	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	DVS	[x] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VCFO	[] DELETE
NAME	FETTER, TREVOR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	[] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	[x] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	600002848436--2
14 CITY-ST-ZIP	-04/22/99--01118--024
15 TITLE	
16 NAME	DVS
17 STREET ADDRESS	Richard B. Silver
18 CITY-ST-ZIP	3820 State Street
19 TITLE	
20 NAME	Santa Barbara, CA 93105
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	[] Change [] Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	[] Change [] Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	
31 TITLE	[] Change [x] Addition
32 NAME	AS
33 STREET ADDRESS	Caitlin M. Larsen
34 CITY-ST-ZIP	3820 State Street
35 TITLE	
36 NAME	Santa Barbara, CA 93105
37 STREET ADDRESS	
38 CITY-ST-ZIP	
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized
08/07/1995

4. FEI Number
65-0638327

5. Compliance of Status Desired [] Applied For Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing, Trust Fund Contributions [] **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [] Yes [x] No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Caitlin M. Larsen* **Caitlin M. Larsen, ASst. Sec. 4/9/99 805/563-7075**

SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)

Handwritten: 4/19/99