

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

APPROVED
AND
FILED

96 JAN 29 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S18445

(4)

1. Corporation Name

NORTH RIDGE PARTNERS, INC.

Principal Place of Business

2700 COLORADO AVE.
SUITE 200
SANTA MONICA CA 90404
US

Mailing Address

2700 COLORADO AVE.
SUITE 200
SANTA MONICA CA 90404
US

3. Date Incorporated or Qualified

12/14/1990

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81

Name
C T Corporation System

82

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

83

84

City
Plantation

FL

85

Zip Code
33324

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE By: *D. F. Hickey*

D. F. Hickey, Asst. Secretary

1-26-96

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	SCOTT, M. BROWN	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FOCHT, MICHAEL H. SR.	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-ST-ZIP	SANTA MONICA FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MACKEY, THOMAS B.	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P.	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SMITH, RANDOLPH W.	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	SABATINO THOMAS J.	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	
CITY-ST-ZIP	DALLAS TX	

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	600001707456	
1.3 STREET ADDRESS	-02/06/96--01054--005	
1.4 CITY-ST-ZIP	****200.00 ****200.00	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)