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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 90404-3521  
US

3. Date Incorporated or Qualified 12/14/1990	3a. Date of Last Report 01/29/1996
4. FEI Number 76-0325092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3820 State Street Suite, Apt. #, etc.	26 c/o Mary H. Yumibe Suite, Apt. #, etc.
22 City & State	27 3820 State Street City & State
23 Santa Barbara, CA	28 Santa Barbara, CA
24 Zip 93105 Country USA	29 Zip 93105 Country USA

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 85 Zip Code FL
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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: Type or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSVP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, M. BROWN	1.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	1.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA	1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H. SR.	2.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	2.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA FL	2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	EVP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, THOMAS B.	3.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	3.3 STREET ADDRESS	2011 Palomar Airport Rd.
CITY-ST-ZIP	SANTA MONICA CA	3.4 CITY-ST-ZIP	Carlsbad, CA 92009
TITLE	VPT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P.	4.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	4.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA MONICA CA	4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RANDOLPH W.	5.2 NAME	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	5.3 STREET ADDRESS	600002068116-3
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	-01/24/97-01086-012
TITLE		6.1 TITLE	Asst. Secretary
NAME		6.2 NAME	Alan Lundgren
STREET ADDRESS		6.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Santa Barbara, CA 93105

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/21/97

805/563-7075

CR2E034 (9/96)