FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 823957 (6)

1. Corporation Name
PACIFIC EQUITIES NETWORK COMPANY

Principal Place of Business	Mailing Address
700 NEWPORT CENTER DR. P. O. BOX 9000 NEWPORT BEACH CA 92658	700 NEWPORT CENTER DR. P.O. BOX 9000 NEWPORT BEACH CA 92658 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1970
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 95-2594489 ☐ Applied For ☐ Not Applicable

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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 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	S	1 1 TITLE		☐ Change ☐ Addition
NAME	MILFS, AUDREY L	1 2 NAME		
STREET ADDRESS	700 NEWPORT CENTER DR	1 3 STREET ADDRESS		
CITY - ST - ZIP	NEWPORT BCH, CA 00000	1 4 CITY - ST - ZIP		
TITLE	CFO	2 1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SCHAFER, GLENN S.	2 2 NAME	GERALD W. ROBINSON	
STREET ADDRESS	700 NEWPORT CENTER DR	2 3 STREET ADDRESS	700 NEWPORT CENTER DRIVE	
CITY - ST - ZIP	NEWPORT BCH, CA 00000	2 4 CITY - ST - ZIP	NEWPORT BEACH, CA 92660	
TITLE	PD	3 1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SCHAFER, GLENN S.	3 2 NAME		
STREET ADDRESS	700 NEWPORT CENTER DR	3 3 STREET ADDRESS		
CITY - ST - ZIP	NEWPORT BCH, CA 00000	3 4 CITY - ST - ZIP		
TITLE	D	4 1 TITLE		☐ Change ☐ Addition
NAME	SUTTON, THOMAS C.	4 2 NAME		
STREET ADDRESS	700 NEWPORT CENTER DRIVE	4 3 STREET ADDRESS		
CITY - ST - ZIP	NEWPORT BEACH CA	4 4 CITY - ST - ZIP		
TITLE	V	5 1 TITLE		☐ Change ☐ Addition
NAME	WARD, DON M.	5 2 NAME		
STREET ADDRESS	700 NEWPORT CENTER DR	5 3 STREET ADDRESS		
CITY - ST - ZIP	NEWPORT BCH, CA 00000	5 4 CITY - ST - ZIP		
TITLE	D	6 1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CVENGROS, WILLIAM D	6 2 NAME	GERALD W. ROBINSON	
STREET ADDRESS	700 NEWPORT CENTER DRIVE	6 3 STREET ADDRESS	700 NEWPORT CENTER	
CITY - ST - ZIP	NEWPORT BEACH CA	6 4 CITY - ST - ZIP	NEWPORT BEACH, CA 92660	

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: Audrey L. Milfs 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Audrey L. Milfs, Secretary