

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

DOCUMENT # **849637** (4)

1. Corporation Name

ECONOMICS RESEARCH ASSOCIATES, INC.



Principal Place of Business

10990 WILSHIRE BLVD #1600
LOS ANGELES CA 90024

Mailing Address

10990 WILSHIRE BLVD #1600
LOS ANGELES CA 90024

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. County

29. Zip

30. County

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

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 used to prepare this report of registered agent (if not the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	RAGER, TIMOTHY	
STREET ADDRESS	10990 WILSHIRE BLVD	
CITY - ST - ZIP	LOS ANGELES, CA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, AUSTIN	
STREET ADDRESS	10900 WILSHIRE BLVD	
CITY - ST - ZIP	LOS ANGELES, CA 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEE, WILLIAM	
STREET ADDRESS	388 MARKET STREET, SUITE 1580	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCELYEA, RICHARD J	
STREET ADDRESS	388 MARKET ST	
CITY - ST - ZIP	SANFRANCISCO, CA 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAXTER, CHERYL	
STREET ADDRESS	20 E. JACKSON BLVD.	
CITY - ST - ZIP	CHICAGO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, PATRICK	
STREET ADDRESS	8300 GREENSBORO DRIVE	
CITY - ST - ZIP	MCLEAN VA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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: **Timothy F. Rager** 2/23/96 (310)477-9585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)