

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90223 014 ***150.00

03-11-1999

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **849637**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1981

4. FEI Number
95-3611116

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	<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	BRAUN, RAYMOND	
STREET ADDRESS	10990 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SPICKARD, STEVEN	
STREET ADDRESS	7 NACE AVE	
CITY-ST-ZIP	PIEDMONT CA	
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 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, with all other like empowered.

SIGNATURE: TIMOTHY F. RAGER, SECRETARY 2/23/99 (310) 477-9585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)