

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90008 002 \*\*\*150.00

**DOCUMENT # 849637**

1. Entity Name

**ECONOMICS RESEARCH ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

10990 WILSHIRE BLVD #1600  
 LOS ANGELES CA 90024

10990 WILSHIRE BLVD #1600  
 LOS ANGELES CA 90024-3925

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**95-3611116**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

**Timothy F. Rager, Secretary** 4/26/00 (310) 477-9585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CDPEN24 10/000