

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 MAR 15 AM 8:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # F9400000978 (6)**

1. Corporation Name

**RPS MANAGEMENT COMPANY, INC.**

Principal Place of Business

**1935 CAMINO VIDA ROBLE  
CARLSBAD CA 92008**

Mailing Address

**1935 CAMINO VIDA ROBLE  
CARLSBAD CA 92008**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**02/28/1994**

3a. Date of Last Report

**N/A**

4. FEI Number

**33-0601404**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.

Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BIRD, ALLAN S
STREET ADDRESS	1935 CAMINO VIDA ROBLE
CITY-ST-ZIP	CARLSBAD CA 92008
TITLE	VC
NAME	VON RUSTEN, JOHN H
STREET ADDRESS	1935 CAMINO VIDA ROBLE
CITY-ST-ZIP	CARLSBAD CA 92008
TITLE	V
NAME	FRY, ALAN
STREET ADDRESS	1935 CAMINO VIDA ROBLE
CITY-ST-ZIP	CARLSBAD CA 92008
TITLE	S
NAME	GREEN, PATRICIA M
STREET ADDRESS	1935 CAMINO VIDA ROBLE
CITY-ST-ZIP	CARLSBAD CA 92008
TITLE	T
NAME	KANTER, EDWARD
STREET ADDRESS	1935 CAMINO VIDA ROBLE
CITY-ST-ZIP	CARLSBAD CA 92008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	(DELETE)	<input checked="" 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 this information is correct 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 checked, or on an attachment with an address.

SIGNATURE:

**John H. von Rusten, Exec., V.P.**

**3-6-95**

**619-431-9100**

Signature and typed or printed name of signing officer or director

Date

Telephone #