

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000978 (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**

3. Date Incorporated or Qualified: **02/28/1994**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **33-0601404**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.050, 7 and 607.1502, 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 607.050, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11 TITLE	PD	<input type="checkbox"/> DELETE
12 NAME	BIRD, ALLAN S	
13 STREET ADDRESS	1935 CAMINO VIDA ROBLE	
14 CITY, ST, ZIP	CARLSBAD CA	
15 TITLE	VD	<input type="checkbox"/> DELETE
16 NAME	VON RUSTEN, JOHN H	
17 STREET ADDRESS	1935 CAMINO VIDA ROBLE	
18 CITY, ST, ZIP	CARLSBAD CA	
19 TITLE	S	<input type="checkbox"/> DELETE
20 NAME	GREEN, PATRICIA M	
21 STREET ADDRESS	1935 CAMINO VIDA ROBLE	
22 CITY, ST, ZIP	CARLSBAD CA 92008	
23 TITLE	T	<input type="checkbox"/> DELETE
24 NAME	KANTER, EDWARD	
25 STREET ADDRESS	1935 CAMINO VIDA ROBLE	
26 CITY, ST, ZIP	CARLSBAD CA 92008	
27 TITLE		<input type="checkbox"/> DELETE
28 NAME		
29 STREET ADDRESS		
30 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
36 NAME		
37 STREET ADDRESS		
38 CITY, ST, ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
39 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
40 NAME		
41 STREET ADDRESS		
42 CITY, ST, ZIP		
43 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
44 NAME		
45 STREET ADDRESS		
46 CITY, ST, ZIP		

**BRODSKY, JOHN A.
1935 CAMINO VIDA ROBLE
CARLSBAD CA 92008**

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 special certificate 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 attached addendum.

SIGNATURE: *Patricia M. Green* PATRICIA M. GREEN 1/25/96 619-431-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)