

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -7 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P17409** (4)  
1. Corporation Name  
**PS TRADING, INC.**

Principal Place of Business Mailing Address  
**4370 LA JOLLA VILLAGE DRIVE SUITE 1050 SAN DIEGO CA 92122**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/28/1987</b>	3a. Date of Last Report <b>03/01/1994</b>
21	<b>17742 preston Rd</b>	26	<b>same as above</b>	4. FEI Number <b>95-3446852</b>	Applied For <input type="checkbox"/> Not Applicable
22		27		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				<b>FL</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, last name printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHORTLEY, GEORGE M.</b>	1.2 NAME	<b>deleted</b>
STREET ADDRESS	<b>4370 LA JOLLA VILLAGE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TO, CFO</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUSKE, LAWRENCE A.</b>	2.2 NAME	
STREET ADDRESS	<b>4370 LA JOLLA VILLAGE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'DELL, DENNIS</b>	3.2 NAME	<b>deleted</b>
STREET ADDRESS	<b>4370 LA JOLLA VILLAGE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>C, S</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINDS, JOHANNA</b>	4.2 NAME	<b>unger, Johanna</b>
STREET ADDRESS	<b>4370 LA JOLLA VILLAGE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, DOUG</b>	5.2 NAME	
STREET ADDRESS	<b>17742 PRESTON RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Sections 119.07(2)(k), Florida Statutes. I further certify that the information made and 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 of this report. If changed, or on an after filing with an address.

SIGNATURE: *Johanna Unger* (619)-546-5007  
(Signature must be typed on printed name of SIGNING OFFICER OR DIRECTOR)