

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P17409 (4)**

1. Corporation Name
PS TRADING, INC.



Principal Place of Business: **17742 PRESTON ROAD SUITE 1050 DALLAS TX 75252 US**
Mailing Address: **17742 PRESTON ROAD SUITE 1050 DALLAS TX 75252 US**

3. Date Incorporated or Qualified: **12/28/1987**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **95-3446852**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. 25. 26. Mailing Address:
26. **4370 La Jolla Village Drive**
27. **Suite 1050**
28. **San Diego, CA**
29. **92122** 30. **USA**

9. Name and Address of Current Registered Agent

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

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 607.1508, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this report

Signature of the Agent (Signature represents the principal)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	TCFO	<input type="checkbox"/> DELETE
2. NAME	GUSKE, LAWRENCE A.	
3. STREET ADDRESS	4370 LA JOLLA VILLAGE DR	
4. CITY, STATE, ZIP	SAN DIEGO CA	
5. TITLE	CS	<input type="checkbox"/> DELETE
6. NAME	UNGER, JOHANNA	
7. STREET ADDRESS	4370 LA JOLLA VILLAGE	
8. CITY, STATE, ZIP	SAN DIEGO CA	
9. TITLE	P	<input type="checkbox"/> DELETE
10. NAME	JONES, DOUG	
11. STREET ADDRESS	17742 PRESTON RD	
12. CITY, STATE, ZIP	DALLAS TX	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, STATE, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Chairman	
11. STREET ADDRESS	C. E. Zickhausen Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. CITY, STATE, ZIP	4370 La Jolla Village Drive #1050	
13. CITY, STATE, ZIP	San Diego, CA 92122	
14. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		
16. STREET ADDRESS		
17. CITY, STATE, ZIP		
18. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		
20. STREET ADDRESS		
21. CITY, STATE, 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 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. 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.

SIGNATURE: *Johanna Unger* 1/22/96 619-546-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE

CR2E034 (12/95)