

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28894** (4)
1. Corporation Name
RAPID RESPONSE ROADSERVICE MOTOR CLUB, INC.

Principal Place of Business Mailing Address
275 EAST HILLCREST DRIVE THOUSAND OAKS CA 91360
275 EAST HILLCREST DRIVE, SUITE 203 204 THOUSAND OAKS CA 91360 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/13/1990** 3a. Date of Last Report **06/14/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 275 E. Hillcrest Drive	26 275 E. Hillcrest Drive	33-0342040	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 204	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	28 Thousand Oaks, CA	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	29 91360		
Zip	Country		
24	30 US		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		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 **Theodore R. Binder Secty/Treasurer** 4/21/95
Signature typed or printed name of registered agent and the filer (date) Registered Agent signature required when transferring DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIOVANNI, DENNIS G.	1.2 NAME	
STREET ADDRESS	275 E. HILLCREST DR, 204	1.3 STREET ADDRESS	
CITY - ST - ZIP	THOUSAND OAKS CA	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, WILLIAM K	2.2 NAME	Theodore R. Binder
STREET ADDRESS	7700 IRVINE CENTER DRIVE #600	2.3 STREET ADDRESS	275 E. Hillcrest Drive, #204
CITY - ST - ZIP	IRVINE, CA	2.4 CITY - ST - ZIP	Thousand Oaks, CA 91360
TITLE	VSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOCCA, NICK E.	3.2 NAME	Michael R. Poletti
STREET ADDRESS	660 NEWPORT CNT DR #1600	3.3 STREET ADDRESS	275 E. Hillcrest Drive, #204
CITY - ST - ZIP	NEWPORT BEACH CA	3.4 CITY - ST - ZIP	Thousand Oaks, CA 91360
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Charles Kastler
STREET ADDRESS		4.3 STREET ADDRESS	275 E. Hillcrest Drive, #204
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Thousand Oaks, CA 91360
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Richard A. Rouse
STREET ADDRESS		5.3 STREET ADDRESS	275 E. Hillcrest Drive, #204
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Thousand Oaks, CA 91360
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Denis M. Rouse
STREET ADDRESS		6.3 STREET ADDRESS	275 E. Hillcrest Drive, #204
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Thousand Oaks, CA 91360

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)(a), Florida Statutes. I further certify that the information included 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 changed, or on an attachment with an address.

SIGNATURE: *Theodore R. Binder* 4/21/95 805-379-3766
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Theodore R. Binder Secty/Treasurer Date