

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90187 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P28894
 1. Corporation Name
RAPID RESPONSE ROADSERVICE MOTOR CLUB, INC.

Principal Place of Business: 275 EAST HILLCREST DRIVE, THOUSAND OAKS CA 91360
 Mailing Address: 275 E. HILLCREST DR. 204, THOUSAND OAKS CA 91360 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/13/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		33-0342040	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

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			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/CEO/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE R. BINDER	1.2 NAME	THAD EIDMAN
STREET ADDRESS	275 E. HILLCREST DR. #204	1.3 STREET ADDRESS	275 E. HILLCREST DR. #204
CITY-ST-ZIP	THOUSAND OAKS CA	1.4 CITY-ST-ZIP	THOUSAND OAKS, CA 91360
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P./CFO/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL R. POLETTI	2.2 NAME	CURTIS A. CAIN
STREET ADDRESS	275 E. HILLCREST DR. # 204	2.3 STREET ADDRESS	275 E. HILLCREST DR. #204
CITY-ST-ZIP	THOUSAND OAKS CA	2.4 CITY-ST-ZIP	THOUSAND OAKS, CA 91360
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES KASTLER	3.2 NAME	
STREET ADDRESS	275 E. HILLCREST DR. # 204	3.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	3.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. ROUSE	4.2 NAME	
STREET ADDRESS	275 E HILLCREST DR. # 204	4.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIS M. ROUSE	5.2 NAME	
STREET ADDRESS	275 E. HILLCREST DR. # 204	5.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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, with all other like empowered.

SIGNATURE: Curtis A. Cain 4/30/99 (805) 379-3766
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)