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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am Secretary of State **DOCUMENT # F0000005775** CMRE FINANCIAL SERVICES, INC. 02-01-2001 90128 013 ***158.75 Mailing Address Principal Place of Business 3350 BIRCH STREET, SUITE 200 3350 BIRCH STREET, SUITE 200 BREA CA 92821 BREA CA 92821 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number 95-4617 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE, Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Bo After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Addition ☐ Delete TITLE NAME LAWRENCE, SANDY NAME 5540 PASEO GILBERTO STREET ADORESS STREET ADDRESS YORBA LINDA CA 92886 CITY-ST-ZIP CITY-ST-7IP X Change ☐ Addition ☐ Delete TITLE TITLE NOL, NOXIN NAME NAME 18751 Haven Lane STREET ADDRESS STREET ADDRESS 5540 PASEO GILBERTO Yorba Linda. Ca. 92886 CITY-ST-709 CITY-ST-ZIP YORBA LINDA CA 92886 Addition Change ☐ Delete TITLE TITLE NOXON, JACK C NAME NAME 632 MONTEREY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERMOSA BEACH CA 90254 ☐ Change · 🔲 Addition TITLE ☐ Delete TITLE NIXON, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 733 CRESCENT DRIVE CITY-ST-ZIP MONROVIA CA 91006 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE □ Delete PARR, ANDREA NAME NAME 15342 VERMONT STREET STREET ADDRESS STREET ADDRESS WESTMINSTER CA 92683 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TILLE Delete MCINTYRE; JOHN P NAME NAME STREET ADDRESS STREET ADDRESS 1901 MORGAN LANE CITY-ST-ZIP CITY-ST-ZIP REDONDO BEACH CA 90278 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTO