

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000961

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** INTERACTIVE RESOURCES, INC., OF CALIFORNIA

**Current Principal Place of Business:**

117 PARK PLACE  
RICHMOND, CA 94801

**New Principal Place of Business:**

**Current Mailing Address:**

117 PARK PLACE  
RICHMOND, CA 94801

**New Mailing Address:**

**FEI Number:** 94-2223210      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 - 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: CLINTON, JOHN SE AIA  
Address: 117 PARK PLACE  
City-St-Zip: RICHMOND, CA 94801

Title: D  
Name: WESTERMANN, PAUL  
Address: 117 PARK PLACE  
City-St-Zip: RICHMOND, CA 94801

Title: P  
Name: BUTT, THOMAS K FAIA  
Address: 117 PARK PLACE  
City-St-Zip: RICHMOND, CA 94801

Title: VT  
Name: BEAVERS, CHARLES AIA  
Address: 117 PARK PLACE  
City-St-Zip: RICHMOND, CA 94801

Title: S  
Name: BUTT, SHIRLEY  
Address: 117 PARK PLACE  
City-St-Zip: RICHMOND, CA 94801

Title: T  
Name: BUTT, ANDREW M  
Address: 117 PARK PLACE  
City-St-Zip: RICHMOND, CA 94801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS K. BUTT

PRES

01/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date