

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 02, 2007  
Secretary of State**

DOCUMENT# P06383

Entity Name: MOFFATT & NICHOL, INC.

**Current Principal Place of Business:**

3780 KILROY AIRPORT WAY  
750  
LONG BEACH, CA 90806 US

**New Principal Place of Business:**

**Current Mailing Address:**

3780 KILROY AIRPORT WAY  
750  
LONG BEACH, CA 90806 US

**New Mailing Address:**

FEI Number: 95-1951343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VP ( ) Delete  
Name: RELAFORD, TIMOTHY J  
Address: 3780 KILROY AIRPORT WAY STE 750  
City-St-Zip: LONG BEACH, CA 90806

Title: P ( ) Delete  
Name: NICHOL, ROBERT D  
Address: 3780 KILROY AIRPORT WAY STE 750  
City-St-Zip: LONG BEACH, CA 90806

Title: VP ( ) Delete  
Name: LESNIK, JOHN  
Address: 3780 KILROY AIRPORT WAY STE 750  
City-St-Zip: LONG BEACH, CA 90806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY RELAFORD

VP

02/02/2007

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

\_\_\_\_\_  
Date