2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # P22726** 1. Entity Name TWG. INC. 02-08-2001 90033 039 ***158.75 Principal Place of Business Mailing Address 17000 E. HWY 120 17000 E. HWY 120 RIPON CA 95366 RIPON CA 95366 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-2756233 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-BUCHMAN, ABRAHAM M. Street Address (P.O. Box Number is Not Acceptable) 5301 WOODLANDS BLVD. TAMARAC FL 33319 Zip Code FL 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 if 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 Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CIOCCA, ARTHUR A. NAME NAME #9 25TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP VCD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BATES, F. LYNN NAME NAME 5707 CHENAULT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MODESTO, CA. CITY-ST-ZIP TITLE Detete -TITLE ☐ Change ☐ ☐ Addition. JESSE, H. WILLIAM JR. NAME NAME STREET ADDRESS 222 Sutter St. STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition FLOWERS, PAUL W. NAME NAME STREET ADDRESS 3644 PORTSMOUTH CIR.S. STREET ADDRESS CITY-ST-ZIP STOCKTON CA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition QUACCIA, LOUIS M. NAME STREET ADDRESS 218 PATRICIA LANE STREET ADDRESS CITY-ST-ZIP MODESTO CA CITY-ST-ZIP VΡ ☐ Delete TITLE Change ☐ Addition NAME PAGE, JAMES C. NAME 2021 CASA GRANDE COURT STREET ADDRESS STREET ADDRESS MODESTO CA 95355 CITY-ST-ZIP 13. If hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

<u>Vice</u>:President

(209)599-4111