2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P37040** Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** APPELLATION CORP. 02-29-2000 90104 021 ***150.00 Principal Place of Business Mailing Address 9700 W PICO BLVD 990 NO SIERRA LOS ANGELES CA 90035-4711 **RENO NV 89503** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 88-0178117 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Defete TITLE Change TITLE BURCH, ROBERT D NAME NAME STREET ADDRESS STREET ADDRESS 2029 CENTURY PARK E #4100 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA ☐ Addition VD. ☐ Delete Change. TITLE TITLE HOOPER, RUSSELL F. NAME NAME STREET ADDRESS STREET ADDRESS 9700 WEST PICO BLVD. CITY-ST-7IP CITY-ST-ZIP LOS ANGELES CA ☐ Addition TITLE X Delete ☐ Change TITLE CHURN, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 1737 MEADOWVALE WAY CITY-ST-ZIP CITY-ST-ZIP SPARKS NV Addition ☐ Delete Change HOLLISON, GEORGIA NAME STREET ADDRESS STREET ADDRESS 9700 WEST PICO BLVD. CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA TITLE **VPAS** ☐ Delete ☐ Change Addition Franks, Susan ` NAME 9700 WEST PICO BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90035 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Robert D. Burch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Burch

Date Daytime Phone *

13. 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 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.