

Page 182

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 14 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

DOCUMENT # P95000089636
1. Entity Name
FTB, INC.



Principal Place of Business: 17901 VON KARMAN IRVINE, CA 92614 US
Mailing Address: 17901 VON KARMAN PO BOX 35910 IRVINE, CA 92614 US

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



02112008 REIN-P CR2E098 (1/07)
4. FEI Number: 93-1203908
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: LOUANE BRYAN SPECIAL ASSISTANT SECRETARY
DATE: 2/14/2007

FILE NOW!!! FEE IS \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VP&D NAME: EMMONS, STEVEN L STREET ADDRESS: 17801 VON KARMAN CITY-ST-ZIP: IRVINE, CA 92614	<input type="checkbox"/> Delete	TITLE: AS NAME: LAURENCE GERICH STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE, CA 92614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CFO NAME: O'NEAL, KATHLEEN STREET ADDRESS: 17801 VON KARMAN CITY-ST-ZIP: IRVINE, CA 92614	<input checked="" type="checkbox"/> Delete	TITLE: CFO NAME: LARRY LLOYD STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE, CA 92614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: LORA, MELISSA STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE, CA 92614	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SHIRLEY, R. BRYCE STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE, CA 92614	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: STEARMAN, JEFFREY STREET ADDRESS: 1900 COLONEL SANDERS LANE CITY-ST-ZIP: LOUISVILLE, KY 40213	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: BERRY-SMITH, BRIDGETTE A STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE, CA 92614	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: _____ DATE: 2/13/08 949-863-4500

2/14

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000039407 3)))



H080000394073ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

FTB, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

* 300.⁰⁰

Electronic Filing Menu

Corporate Filing Menu

Help