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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005884 (8)

THE QUIKSET ORGANIZATION, INC.

Principal Place of Business

Mailing Address

FILED Apr 02 1998 8:00am Secretary of State



2301 DUPONT DR., STE. 100 2301 DUPONT DR., STE. 100 IRVINE CA 92715-1538 IRVINE CA 92715-1538 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/06/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 95-2457319 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 **A3** City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or printed name of regelered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE DELETE 11 TITLE FABIAN, RICHARD G NAME 1.2 NAME 2301 DUPONT DR., STE, 100 STREET ADDRESS 13 STREET ADDRESS IRVINE CA 92715-1538 CITY-ST-ZiP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition WEST, GEORGE S NAME 2.2 NAME 2301 DUPONT DR., STE. 100 STREET ADDRESS 2.3 STREET ADDRESS **IRVINE CA 92715-1538** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change 3.1 TITLE Addition STOCKBRIDGE, KARL M NAME 3.2 NAME 2301 DUPONT DR., STE. 100 STREET ADDRESS 3.3 STREET ADDRESS IRVINE CA 92715-1538 CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 80000247623333ange DELETE TITLE 6.1 TITLE Addition -04/02/98--01006--026 NAME 6.2 NAME ***158.75 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or so an attachment with an address.