2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # F01000000198** 01-08-2007 90255 050 ***150.00 1. Entity Name R.C. WERSTED, INC. Principal Place of Business Mailing Address 925 HAMPTON RD 32905 SE 44 ST ARCADIA, CA 91006 FALL CITY, WA 98024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 94-1450429 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 City 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. Signature, typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTCD ☐ Change Addition TITLE ☐ Delete TITLE WERSTED, ROBERT C NAME NAME 925 HAMPTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA, CA 91006 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KNORR, MARILYN NAME STREET ADDRESS 7339 HUNTINGTON SQ LANE 109 STREET ADDRESS CITRUS HEIGHTS, CA 95621 CITY-ST-ZIP CITY-ST-ZIP VD Change ■ Addition TITLE Delete KELLEY, JUDITH C NAME NAME STREET ADDRESS 33905 SE 44 ST STREET ADDRESS FALL CITY, WA 98024 CITY-ST-ZIP CITY-ST-78P ☐ Delete ☐ Change ■ Addition TITLE A.S THUE OLIFF, JAY R NAME 2021 THE ALMEDA STE 110 STREET ADDRESS STREET ADDRESS **SAN JOSE, CA 95126** CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Jan 08, 2007 8:00 am

12. I hereby certify that the information supplied with this filling 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: White C Helley JUD 14 C. NELLEY, V.P. 1-3-07 (1/25) 222-540