

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000000198**

1. Entity Name  
R.C. WERSTED, INC.



Principal Place of Business

925 HAMPTON RD  
ARCADIA, CA 91006

Mailing Address

32905 SE 44 ST  
FALL CITY, WA 98024



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
94-1450429

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTCD
NAME	WERSTED, ROBERT C
STREET ADDRESS	925 HAMPTON RD
CITY-ST-ZIP	ARCADIA, CA 91006
TITLE	SD
NAME	KNORR, MARILYN
STREET ADDRESS	7339 HUNTINGTON SQ LANE 109
CITY-ST-ZIP	CITRUS HEIGHTS, CA 95621
TITLE	VD
NAME	KELLEY, JUDITH C
STREET ADDRESS	33905 SE 44 ST
CITY-ST-ZIP	FALL CITY, WA 98024
TITLE	AS
NAME	OLIFF, JAY R
STREET ADDRESS	2021 THE ALMEDA STE 110
CITY-ST-ZIP	SAN JOSE, CA 95126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000792315  
01/24/08-80002-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Judith C. Kelley, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2008 425-222-5401  
DATE Daytime Phone #