FILED Jul 16, 2002 8:00 am Secretary of State

07-16-2002 90353 006 ***550.00

DOCUMENT # 600962

1. Entity Name

FRANCATI ASSET SUBSIDIARY, INC.

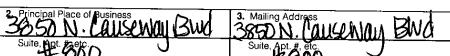
Principal Place of Business

21535 HAWTHORNE # 200 TORRANCE CA 90503

Mailing Address

21535 HAWTHORNE # 200

TORRANCE CA 90503





3050	N. Causeway Bwo	3850 N. MU4	nau Bh	JA I	4 saute ettit ettit till fill fill	2)4)1 61611 61611 E1E11	OFBIT BIEST FEBT	
Suite, Apt. Betc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
	he, LA	Wicharle Will	LA	4.	FEI Number 59-1260197	_ A	oplied For	
70	<u></u>				59-1200 197	N	tot Applicable	
pa)2 County	7000 Z	Country		Certificate of Status Desired	Fee Require	dditional ed	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM			Name	Name Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD				Street Address (F.O. Box Number is Not Acceptable)				
PLANTATION FL 33324								
			City	·		Zip Cod	de	
8. The above	named entity submits this statement for	the purpose of changing its re	enistered office (or registered ag	agent or both in the State of Electric			
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 coincidation)								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00								
Tax filing requirement and elects to do so. After September 13, 20			2002 Fee will I	be \$750.00	10. Election Campaign Financing)0 May Be	
(See criteria on back)			to Departmen	nt of State	Trust Fund Contribution.	Added	d to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	L DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	CINIA	
TITLE	PCOD	Delete	TITLE	Drecid	out & Divector			
NAME	SUMMERS, DENNIS	DOIGH.	NAME	1201	Salmucana Gr	Change	☐ M dition	
STREET ADDRESS	21535 HAWTHORNE BLVD # 200		STREET ADDRESS	aut	delusaro sv.	600		
CITY-ST-ZIP	TORRANCE CA 90503		CITY-ST-ZIP	13650 N	Causeway Bud # 8	<i>200</i>		
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NAME	ISON, JAMES W	Delete	TITLE	COO HOTTI	MA BOLL DINOLLEGIA	Change	Addition	
STREET ADDRESS	21535 HAWTHORNE BLVD # 200	į	NAME CIRCET ADDRESS	30.011	My Bart Palmusay	1001.	1	
CITY-ST-ZIP	TORRANCE CA 90503		STREET ADDRESS CITY-ST-ZIP	13650,10	· Cuusanaa swa *	-600	. }	
TITLE				Metal	WIL LA 76002			
NAME	D	Delete	TITLE	CFO		☐ Change	Addition	
STREET ADDRESS	HAYASE, PAUL H	ALCOHOL AND	NAME	JOHN GIO	Nev Litters			
CITY-ST-ZIP	21535 HAWTHORNE BOULEVARD,	SUITE 200	STREET ADDRESS	3050 N.	Causeway Blud #800)		
	TORRANCE CA 90503		CITY-ST-ZIP	Netaine	LLE 70002			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
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STREET ADDRESS		İ	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
13. Thereby ce	ertify that the information supplied with the	is filing does not qualify for the		od in Section 1	10.07/2V/) Florid- Chatter 1/			

indicated on this report or supplied with this little 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.

SIGNATURE: