

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90018 020 ***150.00

DOCUMENT # 825593

1. Entity Name

THE WELLA CORPORATION



Principal Place of Business

**6109 DESOTO AVE.
WOODLAND HILLS CA 91367
US**

Mailing Address

**6109 DESOTO AVE.
WOODLAND HILLS CA 91367
US**

54018681



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3146121

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
516 E. PARK AVE.
TALLAHASSEE FL 32301**

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> Delete
NAME	RIEDEL, MARK C
STREET ADDRESS	6109 DESOTO AVE.
CITY-ST-ZIP	WOODLAND HILLS CA 91367
TITLE	VD <input type="checkbox"/> Delete
NAME	HABROCK, THOMAS
STREET ADDRESS	6109 DESOTO AVE.
CITY-ST-ZIP	WOODLAND HILLS CA 91367
TITLE	T Director <input type="checkbox"/> Delete
NAME	FERNANDO, GUY
STREET ADDRESS	6109 DESOTO AVE.
CITY-ST-ZIP	WOODLAND HILLS CA 91367
TITLE	P Director <input type="checkbox"/> Delete
NAME	KORNBLUTH, RICHARD
STREET ADDRESS	6109 DESOTO AVE.
CITY-ST-ZIP	WOODLAND HILLS CA 91367
TITLE	Chairman, Director <input type="checkbox"/> Delete
NAME	Karl-Heinz Pitsch
STREET ADDRESS	6109 De Soto Ave.
CITY-ST-ZIP	Woodland Hills, CA 91367
TITLE	Director <input type="checkbox"/> Delete
NAME	Thomas Haensch
STREET ADDRESS	6109 De Soto Ave.
CITY-ST-ZIP	Woodland Hills, CA 91367

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

Mark C. Riedel

Mark C. Riedel, Secretary

2-27-04

818-712-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #