## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2001 8:00 am DOCUMENT # 830319 1. Entity Name Secretary of State 05-14-2001 90246 007 \*\*\*150.00 RIGGING INTERNATIONAL Principal Place of Business Mailing Address 965 Atlantic Avenue P. O. Box 4013 Alameda, CA 94501 USA Alameda, CA 94501 USA A0065794 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-1691525 Not Applicable Zip Country Zip, Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 South Pine Island Road Street Address (P.O. Box Number is Not Acceptable) Plantation, FL 33324 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be\_ After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDCE Addition ☐ Change TITLE ☐ Delete TITLE Dodds, Neil NAME NAME McCloud, James F. STREET ADDRESS 965 Atlantic Avenue STREET ADDRESS 965 Atlantic Avenue CITY-ST-ZIP CITY-ST-7IP Alameda, CA 94501 <u> Alameda CA 94501</u> Change ☐ Delete TITLE TITLE Rollandi, Victor L. NAME NAME Laird, Edward H. 965 Atlantic Avenue STREET ADDRESS STREET ADDRESS 965 Atlantic Avenue CITY-ST-ZIP CITY-ST-ZIP Alameda, CA 94501 <u>Alameda, CA 94501</u> TIME - --TITLE Delete ☐ Addition Glennon, Thomas F. NAME NAME STREET ADDRESS STREET ADDRESS 965 Atlantic Avenue CITY-ST-ZIP CITY-ST-ZIP <u> Alameda, CA 94501</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Martin, Gerald H. STREET ADDRESS 965 Atlantic Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u> Alameda, CA 94501</u> TITLE ☐ Delete ☐ Change ☐ Addition Lloyd, Mostyn T. NAME NAME STREET ADDRESS 965 Atlantic Avenue STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP <u>Ala</u>meda,\_CA 94501 Delete TITLE ☐ Change ☐ Addition NAME Easterling, Curt J. NAME STREET ADDRESS 965 Atlantic Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u> Alameda, CA 94501</u>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Neil Dodds, President TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR