

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90326 023 ***150.00

DOCUMENT # 833576

1. Entity Name
ZAHORIK COMPANY, INC.



Principal Place of Business

**1150 S OLIVE ST
STE T-2100
LOS ANGELES, CA 90015 US**

Mailing Address

**1150 S OLIVE ST
STE T-2100
LOS ANGELES, CA 90015 US**

40083554



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2775959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VEACH, JAMES J
1150 S OLIVE ST
LOS ANGELES, CA 90015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KILBANE, KENNETH
1150 S OLIVE ST
LOS ANGELES, CA 90015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
CLANCY, BRENDA K
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
WOODS, CLINT L
4333 EDGEWOOD RD, NE
CEDAR RAPIDS, IA 52499**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DASV
VERMIE, CRAIG D.
4333 EDGEWOOD R., N. E.
CEDER RAPIDS, IA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
STEELE, STEPHANIE L
4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499**

**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:

Secretary

04/23/08

(213) 742-3139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #