

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0603299

DOCUMENT # 839245

1. Entity Name
FAFCO, INC.

05-16-2001 90207 017 ***150.00

Principal Place of Business
**2690 MIDDLEFIELD RD.
 REDWOOD CITY CA 94063**

Mailing Address
**2690 MIDDLEFIELD RD.
 REDWOOD CITY CA 94063**

2. Principal Place of Business
435 Otterson Drive
 Suite, Apt. #, etc.

3. Mailing Address
435 Otterson Drive
 Suite, Apt. #, etc.

City & State
Chico, Ca.

City & State
Chico, Ca.

4. FEI Number **94-2159547**

Applied For
 Not Applicable

Zip Country
95928 USA

Zip Country
95928 USA

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

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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.

SIGNATURE

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing- Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CDP** ☐ Delete
 NAME **FORD, FREEMAN A.**
 STREET ADDRESS **2690 MIDDLEFIELD RD.**
 CITY-ST-ZIP **REDWOOD CITY CA 94063**

TITLE **CDP** ☒ Change ☐ Addition
 NAME **FORD, FREEMAN A.**
 STREET ADDRESS **435 OTTERSON DR**
 CITY-ST-ZIP **CHICO, CA. 95928**

TITLE **VS** ☐ Delete
 NAME **WATT, ALEX N**
 STREET ADDRESS **2690 MIDDLEFIELD RD.**
 CITY-ST-ZIP **REDWOOD CITY CA 94063**

TITLE **VS** ☒ Change ☐ Addition
 NAME **WATT, ALEX N.**
 STREET ADDRESS **435 OTTERSON DR**
 CITY-ST-ZIP **CHICO, CA. 95928**

TITLE **V** ☐ Delete
 NAME **HARRIS, DAVID K**
 STREET ADDRESS **2690 MIDDLEFIELD RD.**
 CITY-ST-ZIP **REDWOOD CITY CA**

TITLE **V** ☒ Change ☐ Addition
 NAME **HARRIS, DAVID K.**
 STREET ADDRESS **435 OTTERSON DR.**
 CITY-ST-ZIP **CHICO, CA. 95928**

TITLE **D** ☐ Delete
 NAME **BERRY, WILLIAM**
 STREET ADDRESS **3412 HILLVIEW AVENUE**
 CITY-ST-ZIP **PALO ALTO CA 94304**

TITLE **D** ☒ Change ☐ Addition
 NAME **BERRY, WILLIAM**
 STREET ADDRESS **435 OTTERSON DR**
 CITY-ST-ZIP **CHICO, CA. 95928**

TITLE **D** ☐ Delete
 NAME **SELIG, ROBERT W JR.**
 STREET ADDRESS **3465 DIABLO AVE.**
 CITY-ST-ZIP **HAYWARD CA 94545**

TITLE **D** ☒ Change ☐ Addition
 NAME **SELIG, ROBERT W JR**
 STREET ADDRESS **435 OTTERSON DR**
 CITY-ST-ZIP **CHICO, CA. 95928**

TITLE **V** ☐ Delete
 NAME **GARVIN, NANCY I**
 STREET ADDRESS **2690 MIDDLEFIELD RD**
 CITY-ST-ZIP **REDWOOD CITY CA 94063**

TITLE **V** ☒ Change ☐ Addition
 NAME **GARVIN, NANCY I.**
 STREET ADDRESS **435 OTTERSON DR**
 CITY-ST-ZIP **CHICO, CA. 95928**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY I. GARVIN

4/30/01 530-332-2140

Date

Daytime Phone #

CR2E034 (10/00)

April 30, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Attachment per block 12 instructions.

Additions:

Title: D
Name: Ford, David
Street Address: 435 Otterson Dr.
City, St. Zip: Chico, Ca. 95928

Title: D
Name: Chisholm, Bill
Street Address: 435 Otterson Dr.
City, St. Zip: Chico, Ca. 95928

Attachment 3
BOU 5384

#839245