2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# 839245

Entity Name: FAFCO, INC.

Current Principal Place of Business:

435 OTTERSON DR
CHICO, CA 95928

New Principal Place of Business:

Current Mailing Address:

435 OTTERSON DR
CHICO, CA 95928

New Mailing Address:

435 OTTERSON DR.
CHICO, CA 95928

FEI Number: 94-2159547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: FORD, FREEMAN A.
Address: 435 OTTERSON DR
City-St-Zip: CHICO, CA 95928

Title: P ( ) Delete
Name: LECKINGER, ROBERT
Address: 435 OTTERSON DRIVE
City-St-Zip: CHICO, CA 95928

Title: V ( ) Delete
Name: SMITH, BRIAN
Address: 435 OTTERSON DR
City-St-Zip: CHICO, CA 95928

Title: V ( ) Delete
Name: WEDGE, JEFF
Address: 435 OTTERSON DR
City-St-Zip: CHICO, CA 95928

Title: D ( ) Delete
Name: SELIG, ROBERT W JR.
Address: 435 OTTERSON AVE
City-St-Zip: CHICO, CA 95928

Title: V ( ) Delete
Name: GARVIN, NANCY I
Address: 435 OTTERSON DR
City-St-Zip: CHICO, CA 95928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: FORD, FREEMAN A
Address: 435 OTTERSON DR
City-St-Zip: CHICO, CA 95928

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY I. GARVIN V 06/23/2009

Electronic Signature of Signing Officer or Director — Date