

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # 847531**1. Entity Name
K2 INC., A DELAWARE CORPORATION

Principal Place of Business 4900 S EASTERN AVE #200 LOS ANGELES 90040	CA	Mailing Address 4900 S EASTERN AVE #200 LOS ANGELES 90040	CA
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2077125

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCT CORPORATION SYSTEM
1200 S. PINE ISLAND ROADPLANTATION
33324

FL

7. Name and Address of New Registered Agent

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 _____ **04/23/2001**

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	V	<input type="checkbox"/> Delete
NAME	RANGEL, J.J.	
STREET ADDRESS	4900 S EASTERN AVE 200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCONNELL, S.E.	
STREET ADDRESS	4900 S EASTERN AVE 200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHOW T H	
STREET ADDRESS	4900 S EASTERN AVE 200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FORESTER, B I	
STREET ADDRESS	4900 S EASTERN AVE 200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	RODSTEIN, R M	
STREET ADDRESS	4900 S EASTERN AVE 200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, D C	
STREET ADDRESS	4900 S EASTERN AVE 200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKMANN, R J	
STREET ADDRESS	4900 S EASTERN AVE 200	
CITY-ST-ZIP	LOS ANGELES CA	
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		

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: DIANA C. CRAWFORD

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04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)