



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90394 040 \*\*\*150.00

<b>DOCUMENT # 847531</b> 1. Entity Name K2 INC., A DELAWARE CORPORATION					
Principal Place of Business 5818 EL CAMINO REAL CARLSBAD, CA 92008 US			Mailing Address 5818 EL CAMINO REAL CARLSBAD, CA 92008 US		
2. Principal Place of Business - No P.O. Box # <i>2381 EXECUTIVE CENTER DR</i>		3. Mailing Address <i>2381 EXECUTIVE CENTER DR</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04232008    Chg-P    CR2E034 (12/06)	
City & State <i>BOCA RATON, FL</i>		City & State <i>BOCA RATON, FL</i>		4. FEI Number 95-2077125	
Zip <i>33431</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D HECKMANN, RICHARD J 5818 EL CAMINO REAL CARLSBAD, CA 92008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ASHKEN, IAN 555 THEODORE FREUND AVENUE R.Y.C., NY 10580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAIER, MONTE 5818 EL CAMINO REAL CARLSBAD, CA 92008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOLTE, ROBERT P. 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MENDENHALL, DUDLEY W 5818 EL CAMINO REAL CARLSBAD, CA 92008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HILLIE, JAMES 555 THEODORE FREUND AVENUE R.Y.C., NY 10580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SATODA, DAVID Y 5818 EL CAMINO REAL CARLSBAD, CA 92008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPPS, JOHN 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MERCK, JOHN W 5818 EL CAMINO REAL CARLSBAD, CA 92008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, MARTIN 555 THEODORE FREUND AVENUE R.Y.C., NY 10580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Robert P. Telle</i>			Date: <i>4-23-08</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		