

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 20, 2005 8:00 am
Secretary of State

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01122005 No Chg-P CR2E034 (10/03)

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1. Entity Name
(DELAWARE) MITCHELL INTERNATIONAL, INC.



Principal Place of Business
9889 WILLOW CREEK ROAD
SAN DIEGO, CA 92131

Mailing Address
PO BOX 26260
SAN DIEGO, CA 92131

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3355101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LINDNER, JAMES
STREET ADDRESS 9889 WILLOW CREEK ROAD
CITY-ST-ZIP SAN DIEGO, CA 92131

TITLE T
NAME WOLKENSTEIN, STEVE
STREET ADDRESS 9889 WILLOW CREEK RD
CITY-ST-ZIP SAN DIEGO, CA 92131

TITLE P
NAME Lindner James
STREET ADDRESS 9889 WILLOW CREEK ROAD
CITY-ST-ZIP SAN DIEGO, CA 92131

TITLE CFO
NAME SUN, ALEX
STREET ADDRESS 9889 WILLOW CREEK RD
CITY-ST-ZIP SAN DIEGO, CA 92131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steve Wolkenstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE
WOLKENSTEIN
VP FINANCE

1/12/05 858-578-6550

Date

Daytime Phone #