2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Jul 14, 2003 8:00 am Secretary of State			
DOCU 1. Entity Nam			Secretary of State 07-14-2003 90331 017 ***558.75						
WICCOLL	EY, FRICK & GILMAN, INC.								
'	e of Business		ng Address						
ATTN: KELLY MCMILLIN 670 NORTH ROSEMEAD BLVD. PASADENA CA 91107		ATTN: KELLY MCMILLIN 670 NORTH ROSEMEAD BLVD. PASADENA CA 91107						31 00100 11511 0160 1	1 1111 (115 (111)
2. Principal Place of Business 3475 E. Foothill Blud			3. Mailing Address 3475 E. Foothill Blod.						
Suite, Apt.			te, Apt. #, etc.	······································	3 (03.		CHECK HERE IF MAKIN	NG CHANGES	
City & Stat		City	& State	A		4. F	El Number 84-1490184	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	1107	Country		5. C	Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current R					7. N	lame and Address of New Registere	d Agent	
C T CORPORATION SYSTEM					Name Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD									
PLANTATION FL 33324			City	City FL Zip Code					
								<u> </u>	
	named entity submits this statement for ions of registered agent.	the purp	oose of changing its re	gistered office or	r registere	d age	ent, or both, in the State of Florida. I ar	n tamiliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if ap	oficable. (NOTE: F	Registered Agent signat	ure required w	han reir	nstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees
10.	OFFICERS AND D	IRECTO)RS	11.		AD[DITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	S IN 11
, TITLE -	P		☐ Delete	TITLE	PRLE	Sìc	dand	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1 4007 OF ICEMOOD OF MINAGO ND, DEDG 14, 14R			NAME STREET ADDRESS CITY-ST-ZIP	Chaig Hamilton 400 Pearl East Circle #300W Boulder CO 80301				
TITLE	AUSTIN TX 78759 V	_	☐ Delete	TITLE	860		322,00	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	CHECCIO, JOHN 1090 KING GEORGES POIST ROA EDISON NJ 08837	NAME STREET ADDRESS CITY-ST-ZIP	:						
TITLE NAME	\$		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP	LEMMON, RICHARD A _670/NORTH/ROSEMEAD/BLVD	STREET ADDRESS CITY-ST-ZIP			E. Foothill Blu Lacra, CA: 91				
TITLE	PASADENA CA 91107		D Politic		111	<u> </u>	Pres.	U-O-T □ U-6trange	Addition
NAME	JASKA, JAMES M		☐ Delete	TITLE NAME	}	_	E. Foothin B	- *	Addition
STREET ADDRESS CITY-ST-ZIP	670 NORTH ROSEMEAD BLVD. PASADENA CA 91107			STREET ADDRESS CITY-ST-ZIP		-	adena, cA a		
TITLE NAME	CD Hwang, Li-san		☐ Delete	TITLE NAME		_		- Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	670 NORTH ROSEMEAD BLVD.			STREET ADDRESS CITY-ST-ZIP			E. Foothill BI		
TITLE	PASADENA CA 91107		□ Delete	TITLE	T3.	4	use ch 91	Change	4 Addition
NAME STREET ADDRESS				NAME STREET ADDRESS	50a	シン	d W. King E. Foothell BI	.v& .	
CITY-ST-ZIP				CITY-ST-ZIP	>	, D	1		}

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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. SICHATOTIC PECUNICE SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

351.4LL

Daytime Phone #