

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004285

1. Entity Name
CORNERSTONE SYSTEMS OF CALIFORNIA, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91069 033 ***150.00

Principal Place of Business
1551 N. TUSTIN AVE., STE 600
SANTA ANA CA 92705

Mailing Address
1551 N. TUSTIN AVE., STE 600
SANTA ANA CA 92705

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 95-4313244

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, STUART C
224 VIA D'ESTE, #1202
DELRAY BEACH FL 33445

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

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 PD ☐ Delete
NAME CHITTUM, HERB
STREET ADDRESS 1551 N. TUSTIN AVENUE, SUITE 600
CITY-ST-ZIP SANTA ANA CA 92705-8637

TITLE ☐ Change ☒ Addition
NAME *Treasurer*
NAME *Hicken, Mike*
STREET ADDRESS *1551 N. Tustin Ave Ste 600*
CITY-ST-ZIP *Santa Ana, CA 92705-8637*

TITLE VD ☐ Delete
NAME CHITTUM, DAVID
STREET ADDRESS 1551 N. TUSTIN AVENUE, SUITE 600
CITY-ST-ZIP SANTA ANA CA 92705-8637

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ACEVEDO, STEVE
STREET ADDRESS 1551 N. TUSTIN AVENUE, SUITE 600
CITY-ST-ZIP SANTA ANA CA 92705-8637

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME SUTTON, LEE
STREET ADDRESS 1551 N. TUSTIN AVENUE, SUITE 600
CITY-ST-ZIP SANTA ANA CA 92705-8637

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME HICKEN, CRISTA
STREET ADDRESS 1551 N. TUSTIN AVENUE, SUITE 600
CITY-ST-ZIP SANTA ANA CA 92705-8637

TITLE ☐ Change ☐ Addition
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BOWERS, KEN
STREET ADDRESS 1551 N. TUSTIN AVENUE, SUITE 600
CITY-ST-ZIP SANTA ANA CA 92705-8637

TITLE ☐ Change ☐ Addition
NAME
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: *x Michael F. Hicken*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F. Hicken

5/1/01

(714) 285-9788

Daytime Phone #

CR2E034 (10/00)