

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90101 028 \*\*\*550.00

**DOCUMENT # F00000004285**

**1. Entity Name**  
**CORNERSTONE SYSTEMS OF CALIFORNIA, INC.**

**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**  
**420 EXCHANGE**

**3. Mailing Address**  
**420 EXCHANGE**

Suite, Apt. #, etc.  
**Suite 150**

Suite, Apt. #, etc.  
**Suite 150**

City & State  
**IRVINE, CALIF.**

City & State  
**IRVINE, CALIF.**

Zip  
**92602-1309**

Country  
**USA**

Zip  
**92602-1309**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

**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 **Len Diegel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**B4 Twin Dolphins**  
**1000 1st Avenue West**  
 City **Bradenton.** **FL** Zip Code **34205**

**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 Len Diegel  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 9/10/02

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE ☒ Change ☐ Addition  
 NAME **P Chittum, Herb**  
 STREET ADDRESS **25 Windflower**  
 CITY-ST-ZIP **Coto de Caza, Ca. 92679**

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

TITLE ☒ Change ☐ Addition  
 NAME **V-Chittum, David**  
 STREET ADDRESS **24618 Brittany Lane**  
 CITY-ST-ZIP **Newhall, Ca. 91321**

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

TITLE ☒ Change ☐ Addition  
 NAME **V-Acevedo, Steve**  
 STREET ADDRESS **B Whitehollow**  
 CITY-ST-ZIP **Coto de Caza, Ca. 92679**

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

TITLE ☒ Change ☐ Addition  
 NAME **T Hicken, Michael**  
 STREET ADDRESS **5 Springside**  
 CITY-ST-ZIP **Dove Canyon, Ca. 92679**

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

TITLE ☒ Change ☐ Addition  
 NAME **V Hicken, Crista**  
 STREET ADDRESS **5 Springside**  
 CITY-ST-ZIP **Dove Canyon, Ca. 92679**

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

TITLE ☒ Change ☐ Addition  
 NAME **S Bowers, Ken**  
 STREET ADDRESS **25401 Via Alcira**  
 CITY-ST-ZIP **Valencia, Ca. 91355**

**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:** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

(714) 368-8100

Daytime Phone #

CR2E034 (4/02)

# Attachment

12

Officers and Directors - Addition to existing officers

872222

Title D  
Name Chittum, Patty  
Street Address 25 Windflower  
City-St-Zip Coto de Caza, CA 92679

# F00000004285

Title V  
Name Sutton, Lee  
Street Address 16086 Mesquite Circle  
City-St-Zip Fountain Valley, CA 92708