2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # F.00000004583 1. Entity Name PRI CONSTRUCTORS, INC. 04-23-2001 90215 026 ***150.00 Principal Place of Business Mailing Address 3760 CONVOY STREET, STE 230 3760 CONVOY STREET. STE 230 SAN DIEGO CA 92111 SAN DIEGO CA 92111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 33-0367968 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BECKER SR. ALVIN Street Address (P.O. Box Number is Not Acceptable) 6469 FOX GRAPE LANE **BRADENTON FL 34202-2026** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE NAME NAME LOSCAVIS, FRANK J STREET ADDRESS STREET ADDRESS 13308 WYNGATE POINT CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME BOYER, L JOE STREET ADDRESS STREET ADDRESS 11933 ZIRBEL COURT CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA ---Change Addition ☐ Delete TITLE TITLE NAME CAMPBELL, WILLIAM T NAME 6274 AASEO ELEGANCIA STREET ADDRESS STREET ADDRESS 21301 CALLE BALSA CARLSBAD CA 92009 CITY-ST-ZIP CITY-ST-ZIP LAKE FOREST CA ☐ Addition Delete TITLE ☐ Change TITI F NAME NAME CLINDINNIG. NOREEN STREET ADDRESS STREET ADDRESS 4348 MOUNT PUTNAM AVE. CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA ☐ Delete TITLE ☐ Change ☐ Addition TITLE CD NAME NAME WALDEN, SHARI L STREET ADDRESS STREET ADDRESS 7969 PROSPECT PLACE CITY-ST-ZIP CITY-ST-ZIP LAJOLLA CA ☐ Delete ☐ Change ☐ Addition TITLE D TITLE NAME NAME WALDEN, DAVID A STREET ADDRESS STREET ADDRESS 7969 PROSPECT PLACE CITY-ST-7iP CITY-ST-ZIP LA JOLLA CA

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:

WILLIAM T. CAMPSEN. CFO

SSG-505-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED