

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0148182 AB

DOCUMENT # F00000004917

1. Entity Name
A.I.N. CORPORATION



FILED

03 JUL 22 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
18872 MACARTHUR BLVD
IRVINE CA 92612

Mailing Address
18872 MACARTHUR BLVD
18872 MACARTHUR BLVD.
IRVINE CA 92612

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 68-0327737

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JEFFERY, SCHWARTZ
18872 MACARTHUR
IRVINE CA 92612 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
AMIR, ARIEL
18872 MACARTHUR BLVD.
IRVINE CA 92612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
07/22/03 ~~07/22/03~~ **\$550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
KOTHARI, AMIT
18872 MACARTHUR BLVD.
IRVINE CA 92612 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOSHI, PRINTER
18872 MACARTHUR BLVD
IRVINE CA 92612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900021720489
07/22/03--01039--002 **\$550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
ANDREW, CONCHAK
18872 MACARTHUR BLVD
IRVINE CA 92612 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ERNST, MARK
18872 MACARTHUR BLVD
IRVINE CA 92612 ☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/03 (949) 225-4500

Date

Daytime Phone #

CR2E034 (4/03)