


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90188 039 ***150.00

DOCUMENT # F01000002196 1. Entity Name RADIATOR EXPRESS WAREHOUSE, INC.					
Principal Place of Business 2990 BAY VISTA COURT STE E BENICIA, CA 94510			Mailing Address 2990 BAY VISTA COURT STE E BENICIA, CA 94510		
2. Principal Place of Business 4401 Park Road			3. Mailing Address 4401 Park Road		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Benicia, CA		City & State Benicia, CA		4. FEI Number 94-2977697	
Zip 94510		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	PCD RIPPEY, MICHAEL J 2990 BAY VISTA CT, STE E BENICIA, CA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Michael J. Rippey 4401 Park Rd Benicia, CA 94510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARDLOW, JOHN 2990 BAY VISTA CT #E BENICIA, CA 94510	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Wardlow 4401 Park Rd Benicia, CA 94510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNYDER, DENNIS 2990 BAY VISTA CT, STE E BENICIA, CA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dennis Snyder 4401 Park Rd Benicia, CA 94510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUNKAL, DAVE 2990 BAY VISTA CT, STE E BENICIA, CA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dave Brunkal 4401 Park Rd Benicia, CA 94510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HENDRICKSON, DAVID 2990 BAY VISTA CT BENICIA, CA	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Jeff Titterington 4401 Park Rd Benicia, CA 94510
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Jeff Titterington</u> 3-28-05 707-747-7400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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