## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## 05-04-2005 90164 018 \*\*\*150.00 DOCUMENT # F01000005720 1. Entity Name PLC OBC, INC. Principal Place of Business Mailing Address 50047333 17140 BERNARDO CENTER DRIVE 17140 BERNARDO CENTER DRIVE SUITE 300 SUITE 300 SAN DIEGO, CA 92128 SAN DIEGO, CA 92128 2. Principal Place of Business 3333 YCW YCE PIC Rd 3. Mailing Address 3333 rew Hill Parked Suite, Apt. #, etc 04262005 Chg-P CR2E034 (10/03) み ゆり City & State 4. FEI Number Applied For **DC NOT APPLICABLE** Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE Delete TITLE MCGRORY, JACK NAME STREET ADDRESS 17140 BERNARDO CTR. DR #300 STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92128 CITY-ST-ZIP TITLE DT TITLE Change Addition Qelete mile Allon FISHER, JEEEREY NAME NAME STREET ADDRESS 17140 BERNARDO CTR. DR #300 STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92128 CITY-ST-ZIP same as DS TITLE TITLE Delete Change Addition NAME SIORDLE, ROBERT NAME iilton Coopei 17140 BERNARDO CTR. DR #300 STREET ADDRESS STREET ADDRESS

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 602. Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED** May 04, 2005 8:00 am Secretary of State

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