FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # F01000005731 1. Entity Name 04-01-2002 90159 039 ***150.00 PLC OAKWOOD PLAZA, INC. Principal Place of Business Mailing Address 17140 BERNANDO CENTER DRIVE 17140 BERNANDO CENTER DRIVE SUITE 300 SUITE 300 SAN DIEGO CA 92128 SAN DIEGO CA 92128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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, 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) DP NAME NAME BULLICK, GRAHAM R PH.D. STREET ADDRESS STREET ADDRESS 17140 BERNANDO CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92128 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME NAKAGAWA, JAMES Y STREET ADDRESS STREET ADDRESS 17140 BERNANDO CENTER DRIVE CITY-ST-ZIP CITY-ST-7IP SAN DIEGO CA 92128 TITLE Delete TITLE Change Addition NAME NAME OTTESEN, S. ERIC STREET ADDRESS STREET ADDRESS 17140 BERNANDO CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92128 TITLE Delete ☐ Change ☐ Addition NAME NAME WALT, ERIC STREET ADDRESS STREET ADDRESS 17140 BERNANDO CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92128 TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if