

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90031 008 ***150.00

001713 AB

DOCUMENT # F01000006057

1. Entity Name
CBCA INC.

Principal Place of Business
2542 SOUTH BASCOM AVE., SUITE 150
CAMPBELL CA 95008

Mailing Address
2542 SOUTH BASCOM AVE., SUITE 150
CAMPBELL CA 95008

00040643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10900 Hampshire Ave. S.
 Suite, Apt. #, etc.

3. Mailing Address
Tax Dept
 Suite, Apt. #, etc.
10900 Hampshire Ave. S.

City & State
Minneapolis MN

City & State
Minneapolis MN

Zip
55438

Country
USA

Zip
55438

Country
USA

4. FEI Number
52-2258395

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO PILLARI, GEORGE D 2542 SOUTH BASCOM AVE., SUITE 150 CAMPBELL CA 95008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, TUCKER 2542 SOUTH BASCOM AVE., SUITE 150 CAMPBELL CA 95008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOCKWOOD, SACHI 2542 SOUTH BASCOM AVE., SUITE 150 CAMPBELL CA 95008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAHN, WILLIAM 2542 SOUTH BASCOM AVE., SUITE 150 CAMPBELL CA 95008	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VENDRYES, THOMAS 2542 SOUTH BASCOM AVE., SUITE 150 CAMPBELL CA 95008	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, RICHARD L 2542 SOUTH BASCOM AVE., SUITE 150 CAMPBELL CA 95008	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF FINANCIAL OFFICER William Thoma 10900 Hampshire Ave. S. Minneapolis, MN 55438	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATING OFFICER Chuck Abrahamson 10900 Hampshire Ave. S. Minneapolis, MN 55438	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/27/02** Daytime Phone # **510-302-1226**

CR2E034 (9/01)

Attachment # FO1000006057 60040243

CBCA Inc.

Question 12 additions/changes to Officers and Directors

S addition
LEORA SIMANTOV
10900 HAMPSHIRE AVE SO
MINNEAPOLIS, MN 55438

D addition
DONALD DIXON
10900 HAMPSHIRE AVE SO
MINNEAPOLIS, MN 55438

D addition
RICHARD SPALDING
10900 HAMPSHIRE AVE SO
MINNEAPOLIS, MN 55438

D addition
REX GOLDING
10900 HAMPSHIRE AVE SO
MINNEAPOLIS, MN 55438