

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90066 042 ***150.00

DOCUMENT # F02000000423

1. Entity Name
CSC EQUIPCO INC.



Principal Place of Business
**2100 EAST GRAND AVENUE
EL SEGUNDO CA 90245**

Mailing Address
**2100 EAST GRAND AVENUE
EL SEGUNDO CA 90245**



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 **96-4543674**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE: **PD** ☒ Delete
NAME: **MORRIS, MARY JO**
STREET ADDRESS: **3170 FAIRVIEW PARK DRIVE**
CITY-ST-ZIP: **FALLS CHURCH VA 22042**

TITLE: **VTD** ☐ Delete
NAME: **LEVEL, LEON J**
STREET ADDRESS: **2100 EAST GRAND AVENUE**
CITY-ST-ZIP: **EL SEGUNDO CA 90245**

TITLE: **SD** ☐ Delete
NAME: **FISK, HAYWARD D**
STREET ADDRESS: **2100 EAST GRAND AVENUE**
CITY-ST-ZIP: **EL SEGUNDO CA 90245**

TITLE: **CD** ☐ Delete
NAME: **HONEYCUTT, VAN B**
STREET ADDRESS: **2100 EAST GRAND AVENUE**
CITY-ST-ZIP: **EL SEGUNDO CA 90245**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☒ Change ☒ Addition
NAME: **Bernard J. Breen**
STREET ADDRESS: **2100 East Grand Avenue**
CITY-ST-ZIP: **El Segundo, CA 90245**

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

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

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

TITLE: **AT** ☐ Change ☒ Addition
NAME: **Larry D. Goodman**
STREET ADDRESS: **2100 East Grand Avenue**
CITY-ST-ZIP: **El Segundo, CA 90245**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Larry D. Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry D. Goodman/Asst. Treasurer

04/07/03

310 615-0311

Date

Daytime Phone #

CR2E034 (10/02)