

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003103

1. Entity Name
EDISON SOURCE CORPORATION



Principal Place of Business

**18101 VON KARMAN AVE., SUITE 1700
IRVINE, CA 92612**

Mailing Address

**18101 VON KARMAN AVE., SUITE 1700
IRVINE, CA 92612**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4554466

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**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CRAVER, THEODORE F JR 2244 WALNUT GROVE AVE. ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DANNER, BRYANT C 2244 WALNUT GROVE AVE. ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, LINDA 2244 WALNUT GROVE AVE. ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYDER, BEVERLY P 2244 WALNUT GROVE AVE. ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS W.R. WHITE, PAIGE 2244 WALNUT GROVE AVE. ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000138174
04/29/04-80069-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Linda G. Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04

Date

(949) 757-2438

Daytime Phone #