2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	DO3 FOR PROIFORM BUSIN MENT# F020	FILED Apr 25, 2003 8:00 am Secretary of State					ORFRORT AT			
1. Entity Nam TWIN HIL	ne L ACQUISITION COMPAI	NY, INC.				04-25-2003 9	0288 040 **	*150.0) 0	7
Principal Place of Business 40650 ENCYCLOPEDIA CIR FREEMONT CA 94538		Mailing Address 5803 GLENMONT HOUSTON TX 77081								
2. Principal P	Place of Business	3. Mailing Address		•	1		EBUU 9561 68191 911	11 111 11 11	(111 11 11 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State			4. F	El Number 94-34 13350		_	plied For t Applicable	
Zip	Country	Zip	Count	Country		Certificate of Status Desired		5 Addi	itional	
	6. Name and Address of Curr	ent Registered Agent				lame and Address of New Rec	istered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)						
	·			City			FL Z	ip Code	,——	
	named entity submits this statementions of registered agent. Signature, typed or printed name of registered a			ed office or registe				ir with, a	ind accept	!
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.	00	neglateret	a what subtraction and all a	u wilerite	Election Campaign Finar Trust Fund Contribution.			May Be to Fees	
10.	k Payable to Florida Departmen		11.		AD	DITIONS/CHANGES TO OFFIC	EDS AND DIDE	CTORS	- INI 11	l I
TITLE	OFFICERS AND DIRECTORS Delete		_	TITLE		DITIONS/CHANGES TO OFFIC		hange	Addition	(10/02)
NAME STREET ADDRESS CITY-ST-ZIP	0650 ENCYCLOPEDIA CIR			ET ADDRESS ST-ZIP						CR2E034 (10,
TITLE NAME	P LANE, ERIC			TITLE NAME STREET ADDRESS				hange	Addition	CR2
STREET ADDRESS CITY-ST-ZIP				ST-ZIP						
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CITY-ST-ZIP	FREEMONT CA 94538		_	ST-ZIP						
TITLE NAME STREET ADORESS	I Wilson, Diana 40650 Encyclopedia Cir	□ Delete	TITLE NAME STREE				□ C	hange	Addition	
CITY-ST-ZIP	FREEMONT CA 94538			ST-ZIP						
TITLE NAME		☐ Delete	NAME				c	hange	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					Ì	
TITLE		☐ Delete	TITLE	ŀ				hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
12. I hereby of indicated of the corchanged,	certify that the information supplied on this report or supplemental repo poration or the receiver or trustee er or on an attachment with an addres	with this filling does not qualify for rt is true and accurate and that m impowered to execute this report a ss, with all other like employered.	the exer ly signati as require	nption stated in Seure shall have the ed by Chapter 60:	ection 1 same le 7, Floric	19.07(3)(i), Florida Statutes. I fu egal effect as if made under oat a Statutes; and that my name a	irther certify tha h; that I am an ppears in Bloc	at the inf officer o	ormation or director Block 11 if	

SIGNATURE:

135927200