


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan. 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000004823**

1. Entity Name  
**NEWMARKET TRADING, INC.**



Principal Place of Business  
**310 N. WESTLAKE BLVD STE. 250  
 WESTLAKE VILLAGE, CA 91362**

Mailing Address  
**PO BOX 14538  
 LONG BEACH, CA 90853**



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-4745281**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EMANUEL, BILL  
 3006 20TH STREET  
 VERO BEACH, FL 32960**

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

**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	CP WAKANA, TAKAHIKO 23104 LOS CODONA AVE TORRANCE, CA 90505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP BETTENCOURT, STEPHEN 2148 W ALLUVIAL FRESNO, CA 93711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIE, ROBERT JR 1171 E LAQUINTA FRESNO, CA 93720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYERS, BARRY 10747 BOBCAT LANE ARROYO GRANDE, CA 93420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORIUMI, TAKAHISHI 756 CEDAR POINT PLACE THOUSAND OAKS, CA 93162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000005493  
 01/15/04-80053-016 150.00

**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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Stephen P. Bettencourt* VP **1-9-04 559-432-3520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Stephen P. Bettencourt*