## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 17, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F03000005415** 04-17-2007 90040 030 \*\*\*150 00 1. Entity Name BELKIN, INC. Principal Place of Business Mailing Address 40003063 501 W. WALNUT ST. P.O. BOX 5649 COMPTON, CA 90224-5649 COMPTON, CA 90220-5221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 Chg-P CR2F034 (12/06) City & State City & State Applied For 4. FEI Number 27-0063862 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CP Assistant Secretary & General Councel TITLE ☐ Delete TITLE Change Chais Flower 501 W. Walnut St. NAME PIPKIN, CHESTER J NAME STREET ADDRESS 501 W. WALNUT ST. STREET ADDRESS CITY-ST-7iP COMPTON, CA 902205221 CITY-ST-ZIP Compta, CQ 90220 CPF TITLE ☐ Delete TITLE ☐ Change ■ Addition TESKEY, THERESA E NAME NAME STREET ADDRESS 501 W. WALNUT ST. STREET ADDRESS COMPTON, CA 902205221 CITY-ST-ZIP CITY-ST-ZIP TITLE ST ☐ Detete TITLE ☐ Change ■ Addition PIPKIN, JANICE A NAME NAME 501 W. WALNUT ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COMPTON, CA 902205221 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE ☐ Change ☐ Addition NAME TONG, ERIC NAME STREET ADDRESS 501 W. WALNUT ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COMPTON, CA 902205221 TITLE VΡ ☐ Delete TITLE ☐ Change ☐ Addition NAME REYNOSO, MARK NAME STREET ADDRESS 501 W. WALNUT ST. STREET ADDRESS COMPTON, CA 902205221 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _	Theresion	THEREUA	E,	TESKEY	4/10/07	(313	0)604-2200
	SIGNATURE AND TYPED OR PRINT	D NAME OF SIGNING OFFICER OR DIRECT	OR	/	D te	_	Daytime Phone #

STREET ADDRESS CITY-ST-ZIP