2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005037

1. Entity Name
PRECISION PATTERN, INC.

Principal Place of Business	Mailing Address
1643 S. MAIZE ROAD WICHITA, KS 67209	1643 S. MAIZE ROAD WICHITA, KS 67209

DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
48-0759147

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	DECRANE, JACK
STREET ADDRESS	2361 ROSECRANS AVE., SUITE 180
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	D
NAME	KAPLAN, RICHARD J
STREET ADDRESS	2361 ROSECRANS AVE., SUITE 180
CITY-ST-ZIP	E. SEGUNDO, CA 90245
TITLE	CEO
NAME	ZERBE, DON
STREET ADDRESS	1643 S. MAIZE ROAD
CITY-ST-ZIP	WICHITA, KS 67209
TITLE	P
NAME	BEST, CARL
STREET ADDRESS	1643 S. MAIZE ROAD
CITY-ST-ZIP	WICHITA, KS 67209
TITLE	VP
NAME	DECAMP, BRIAN
STREET ADDRESS	1643 S. MAIZE ROAD
CITY-ST-ZIP	WICHITA, KS 67209
TITLE	S
NAME	SILVERMAN, STEPHEN A
STREET ADDRESS	1620 26TH STREET, SUITE 2000 NORTH
CITY-ST-ZIP	SANTA MONICA, CA 90404

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01/31/06-80002-016 150.00

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12. I hereby 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.

SIGNATURE: Carl D Best CARL D BEST 1-16-06 316-729-2184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #