

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005037

Entity Name: PRECISION PATTERN, INC.

FILED
Feb 20, 2007
Secretary of State

Current Principal Place of Business:

1643 S. MAIZE ROAD
WICHITA, KS 67209

New Principal Place of Business:

Current Mailing Address:

1643 S. MAIZE ROAD
WICHITA, KS 67209

New Mailing Address:

FEI Number: 48-0759147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC (X) Delete
Name: DECRANE, JACK
Address: 2361 ROSECRANS AVE., SUITE 180
City-St-Zip: EL SEGUNDO, CA 90245

Title: D () Delete
Name: KAPLAN, RICHARD J
Address: 2361 ROSECRANS AVE., SUITE 180
City-St-Zip: E. SEGUNDO, CA 90245

Title: CEO () Delete
Name: ZERBE, DON
Address: 1643 S. MAIZE ROAD
City-St-Zip: WICHITA, KS 67209

Title: P () Delete
Name: BEST, CARL
Address: 1643 S. MAIZE ROAD
City-St-Zip: WICHITA, KS 67209

Title: VP () Delete
Name: DECAMP, BRIAN
Address: 1643 S. MAIZE ROAD
City-St-Zip: WICHITA, KS 67209

Title: S (X) Delete
Name: SILVERMAN, STEPHEN A
Address: 1620 26TH STREET, SUITE 2000 NORTH
City-St-Zip: SANTA MONICA, CA 90404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KAPLAN, RICHARD J
Address: 8425 PULSAR PLACE, SUITE 340
City-St-Zip: COLUMBUS, OH 43240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL BEST

P

02/20/2007

Electronic Signature of Signing Officer or Director

Date