

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001703

Entity Name: CREEKSIDE OCEAN, INC.

FILED  
Jan 05, 2011  
Secretary of State

## Current Principal Place of Business:

621 CAPITOL MALL, STE 1900  
SACRAMENTO, CA 95814

## New Principal Place of Business:

## Current Mailing Address:

621 CAPITOL MALL, STE 1900  
SACRAMENTO, CA 95814

## New Mailing Address:

FEI Number: 68-0422668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

## OFFICERS AND DIRECTORS:

Title: DC  
Name: LEWIS, JULIAN  
Address: 621 CAPITOL MALL, SUITE 1900  
City-St-Zip: SACRAMENTO, CA 95814

Title: DP  
Name: HILL, EVA H  
Address: 621 CAPITOL MALL, SUITE 1900  
City-St-Zip: SACRAMENTO, CA 95814

Title: DS  
Name: SOIN, MARIANNE  
Address: 621 CAPITOL MALL, SUITE 1900  
City-St-Zip: SACRAMENTO, CA 95814

Title: VP  
Name: ISHERWOOD, MICHAEL  
Address: 621 CAPITOL MALL, SUITE 1900  
City-St-Zip: SACRAMENTO, CA 95814

Title: CFO  
Name: LUCAS, TARA  
Address: 621 CAPITOL MALL, SUITE 1900  
City-St-Zip: SACRAMENTO, CA 95814

I hereby 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 all other like empowered.

SIGNATURE: MARIANNE SOIN

DS

01/05/2011

Electronic Signature of Signing Officer or Director

Date