2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 10, 2008 8:00 am Secretary of State DOCUMENT # F06000004783 1. Entity Name 04-10-2008 90027 002 ***150 00 J C CELLARS, A CALIFORNIA CORPORATION Principal Place of Business Mailing Address % COMPLIANCE ASSOC 3000 WASHINGTON-ST PO BOX 595 ANGWIN CA 94508 ALAMEDA CA 94501. 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 55 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For ĈА 94-3273294 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 8. The above named entity subprits 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 (NOTE Registered Agent signature required when reinstitting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PC TITLE TIFLE ☐ Delete ☐ Addition COHN, JEFFREY NAME NAME 3000 900 WASHINGTON ST 3000 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ALAMEDA CA 94501 CITY-ST-ZIP STD ☐ Defete TITS F TITLE ☐ Addition COHN, ALEXANDRA NAME MAME 3000 300 WASHINGTON ST 3000 STREET ADDRESS STREET ADDRESS ALAMEDA CA 94501 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7/2 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TOTALE ☐ Deiete TΠŁΕ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED