

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006720

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: COMMERCE C & R, INC.

## Current Principal Place of Business:

13191 CROSSROADS PKWY N 6TH FL  
CITY OF INDUSTRY, CA 91746

## New Principal Place of Business:

13191 CROSSROADS PKWY N  
6TH FL  
CITY OF INDUSTRY, CA 91746

## Current Mailing Address:

13191 CROSSROADS PKWY N 6TH FL  
CITY OF INDUSTRY, CA 91746

## New Mailing Address:

13191 CROSSROADS PKWY N  
6TH FL  
CITY OF INDUSTRY, CA 91746

FEI Number: 95-4580214

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: CD ( ) Delete  
Name: ACKERMANN, JAKOB  
Address: 13191 CROSSROADS PKWY N 6TH FL  
City-St-Zip: CITY OF INDUSTRY, CA 91746

Title: D ( ) Delete  
Name: ROSKI, EDWARD P JR.  
Address: 13191 CROSSROADS PKWY N 6TH FL  
City-St-Zip: CITY OF INDUSTRY, CA 91746

Title: P ( ) Delete  
Name: BURROUGHTS, JOHN R  
Address: 13191 CROSSROADS PKWY N 6TH FL  
City-St-Zip: CITY OF INDUSTRY, CA 91746

Title: V ( ) Delete  
Name: PERKINS, JOHN S  
Address: 13191 CROSSROADS PKWY N 6TH FL  
City-St-Zip: CITY OF INDUSTRY, CA 91746

Title: ST ( ) Delete  
Name: BRADFORD, JAY H  
Address: 13191 CROSSROADS PKWY N 6TH FL  
City-St-Zip: CITY OF INDUSTRY, CA 91746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JOHN S. PERKINS

EVP

01/04/2007

Electronic Signature of Signing Officer or Director

Date