2008-FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 02, 2008 8:00 am Secretary of State DOCUMENT # F06000006798 1. Entity Name 04-02-2008 90034 014 ***150.00 R.W. SMITH ESOP & CO., INC. Principal Place of Business Mailing Address P.O. BOX 26160 SAN DIEGO CA 92196 8555 MIRALANI DRIVE SAN DIEGO CA 92126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 95-1962438 Not Applicable Zip 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 Name 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 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, typed or canted name of registered agent and atio if applicable (NOTE: Registrated Agent signature required when reinstituting) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **CPST** ☐ Delete TITLE Change ☐ Addition KECK, ALLAN NAME NAME STREET ADDRESS 8555 MIRALANI DRIVE STREET ADDRESS CITY-ST-ZIP SAN DIEGO CA 92126 CITY-ST-ZIP TITLE **⊠** Delete TITLE Change ☐ Addition KRUGER, JAY NAME STREET ADDRESS 8555 MIRALANI DRIVE STREET ADDRESS CITY-ST-ZIP SAN DIEGO CA 92126 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME RHODES, JEFFREY NAME STREET ADDRESS 8555 MIRALANI DRIVE STREET ADDRESS CITY-ST-7IP SAN DIEGO CA 92126 CITY-ST-ZIP Director THE ☐ Delete TITLE ☐ Change anifibhAX Marc Mc Bride NAME NAME Below Miralani STREET ADDRESS 8555 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 92126 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED