

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006853

Entity Name: M.E.V. CORPORATION

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

22020 MT EDEN RD
SARATOGA, CA 95070

New Principal Place of Business:

Current Mailing Address:

22020 MT EDEN RD
SARATOGA, CA 95070

New Mailing Address:

FEI Number: 94-2239356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICKMAN, TOM
133 DICK SALSMAN RD
SANTA ROSA BEACH, FL 32459 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: P () Delete
Name: PATTERSON, FRANK JEFFREY
Address: 22020 MT EDEN RD
City-St-Zip: SARATOGA, CA 95070

Title: S () Delete
Name: PATTERSON, ELEANOR D
Address: 22020 MT EDEN RD
City-St-Zip: SARATOGA, CA 95070

Title: C () Delete
Name: HAGEN, D. NEIL
Address: 8180 INDUSTRIAL PARKWAY
City-St-Zip: SACRAMENTO, CA 95824

Title: VC () Delete
Name: HAGEN, MATTHEW
Address: 8180 INDUSTRIAL PARKWAY
City-St-Zip: SACRAMENTO, CA 95824

Title: D () Delete
Name: HAGEN, NEIL ERIC
Address: 8180 INDUSTRIAL PARKWAY
City-St-Zip: SACRAMENTO, CA 95824

Title: D () Delete
Name: SUTHERLAND, DOUG
Address: 1508 EUREKA RD #130
City-St-Zip: ROSEVILLE, CA 95661

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: ELEANOR D PATTERSON

S

03/05/2008

Electronic Signature of Signing Officer or Director

Date