

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90017 013 ***150.00

DOCUMENT # F07000002273					
1. Entity Name SEPARATION PROCESSES, INC.					
Principal Place of Business 2386 FARADAY AVE., SUITE 100 CARLSBAD, CA 92008			Mailing Address 2386 FARADAY AVE., SUITE 100 CARLSBAD, CA 92008		
2. Principal Place of Business - No P.O. Box # 3156 Lionshead Ave.		3. Mailing Address 3156 Lionshead Ave.			
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2		02142008 Chg-P CR2E034 (12/06)	
City & State Carlsbad, CA		City & State Carlsbad, CA		4. FEI Number 95-3550186	
Zip 92010		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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: <u>Gerard Filteau</u> DATE: <u>2/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CPT NAME FILTEAU, GERARD STREET ADDRESS 2386 FARADAY AVE., SUITE 100 CITY-ST-ZIP CARLSBAD, CA 92008	<input type="checkbox"/> Delete		TITLE CPT NAME Filteau, Gerard STREET ADDRESS 3156 Lionshead Ave., Suite 2 CITY-ST-ZIP Carlsbad, CA 92010	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VCVP NAME ALEXANDER, KEVIN STREET ADDRESS 950 W ELLIOT RD, SUITE 112 CITY-ST-ZIP TEMPE, AZ 86284	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME WESNER, ALEX STREET ADDRESS 2386 FARADAY AVE., SUITE 100 CITY-ST-ZIP CARLSBAD, CA 92008	<input type="checkbox"/> Delete		TITLE DS NAME Wesner, Alex STREET ADDRESS 3156 Lionshead Ave., Suite 2 CITY-ST-ZIP Carlsbad, CA 92010	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME VICKERS, JAMES STREET ADDRESS 2386 FARADAY AVE., SUITE 100 CITY-ST-ZIP CARLSBAD, CA 92008	<input type="checkbox"/> Delete		TITLE D NAME Vickers, James STREET ADDRESS 3156 Lionshead Ave., Suite 2 CITY-ST-ZIP Carlsbad, CA 92010	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.					
SIGNATURE: <u>Gerard Filteau</u> <u>Gerard Filteau</u> <u>2/14/08</u> (760) <u>400-3660</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					