

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90045 047 \*\*\*158.75

**DOCUMENT # F07000003969**

1. Entity Name  
O CHK, INC.



Principal Place of Business  
600 LA TERRAZA BLVD.  
ESCONDIDO, CA 92025

Mailing Address  
600 LA TERRAZA BLVD.  
ESCONDIDO, CA 92025

40006428



**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
45-0567674

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VC  
LEWIS, THOMAS A CEO  
600 LA TERRAZA BLVD.  
ESCONDIDO, CA 92025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MALINO, GARY M COF  
600 LA TERRAZA BLVD.  
ESCONDIDO, CA 92025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPTD  
MEURER, PAUL A CFO  
600 LA TERRAZA BLVD.  
ESCONDIDO, CA 92025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
PFEIFFER, MICHAEL R EXEC  
600 LA TERRAZA BLVD.  
ESCONDIDO, CA 92025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
COLLINS, RICHARD G EXEC  
600 LA TERRAZA BLVD.  
ESCONDIDO, CA 92025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R. PFEIFFER

1/11/08

Date

(760) 741-2111

Daytime Phone #