FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # F9300002765 JORDAN WOODMAN DOBSON INC. 04-03-2001 90075 025 \*\*\*150.00 Principal Place of Business Mailing Address 3664 GRAND AVENUE 3664 GRAND AVENUE OAKLAND CA 94610 OAKLAND CA 94610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-2361735 Not Applicable Zip Country Zip 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Delete TITLE X Change ☐ Addition WOODMAN, RICHARD A WOODMAN, RICHARD A NAME NAME STREET ADDRESS 1067 VIA ROBLE STREET ADDRESS 359 BEACON RIDGE LANE CITY-ST-ZIP **LAFAYETTE CA 94549** CITY-ST-7IP WALNUT CREEK CA 94596 TITLE DPT TITLE DPT X Change Addition ☐ Delete LONI, SUGIARTO NAME NAME LONI, SUGIARTO 106 FREMONT STREET STREET ADDRESS STREET ADDRESS 10 NAKAYAMA CT CITY-ST-ZIP CITY-ST-ZIP HERCULES CA 94547 94502 ALAMEDA CA TITLE Delete TITLE TOWERY, SARA ANNE NAME NAME 1991 RANCHO VERDE CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DANVILLE CA 94526 Delete TITLE TITLE Change ☐ Addition CAMERON, BRUCE S NAME NAME STREET ADDRESS 18166 CARMEL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Castro Valley ca 94546 ☐ Change TITLE ☐ Defete TITLE ★ Addition NAME NAME WARD, THOMAS A STREET ADDRESS STREET ADDRESS 841 ROMA ST CITY-ST-ZIP CITY-ST-7iP LI<u>VERMORE CA</u> 94550 ☐ Delete TITLE TITLE ☐ Channe Addition NAME NAME FERGUSON, TERESA M STREET ADDRESS STREET ADDRESS 1047 ALVARADO RD CITY-ST-ZIP BERKELEY CA 94705

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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

SUGIARTO LONI

3/16/01

510-832-5466

Daytime Phor