

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001617**

1. Corporation Name

COLLECTECH SYSTEMS, INC.

Principal Place of Business

**26541-AGOURA RD-101
GALABAGAS CA 91302
US**

Mailing Address

**26541-AGOURA RD-101
GALABAGAS CA 91302
US**

2. Principal Place of Business

21 31229 Cedar Valley Rd

2a. Mailing Address

26 P O Box 1521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Westlake Village CA

City & State

28 Agoura Hills CA

Zip Country

24 91362 25 LA

Zip Country

29 91276 30 LA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

03/30/1994

4. FEI Number

95-4135795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **STEPHEN OLSON**
STREET ADDRESS **3010 OLD RANCH PARKWAY STE 250**
CITY-ST-ZIP **SEAL BEACH CA**

TITLE **CED** ☐ DELETE
NAME **MCFARLAND, KEITH**
STREET ADDRESS **6240 W 82ND STREET**
CITY-ST-ZIP **LOS ANGELES CA 90045**

TITLE **D** ☒ DELETE
NAME **JADWIN, BRAD**
STREET ADDRESS **2258 RANCHVIEW PLACE**
CITY-ST-ZIP **THOUSAND OAKS CA 91325**

TITLE **D** ☒ DELETE
NAME **BRUCE KLUMPH**
STREET ADDRESS **21025 LAS FLORES MESA DRIVE**
CITY-ST-ZIP **MALIBU CA**

TITLE **D** ☒ DELETE
NAME **VICTOR RINALDI**
STREET ADDRESS **3665 PASEO DE NUBLADO**
CITY-ST-ZIP **THOUSAND OAKS CA**

TITLE **D** ☒ DELETE
NAME **PHILLIPS, ROBERT**
STREET ADDRESS **16726 CLEARY CIRCLE**
CITY-ST-ZIP **DALLAS TX 75248**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **C/D Richard Schultz**
1.3 STREET ADDRESS **2500 Corporation Exchange Dr**
1.4 CITY-ST-ZIP **Columbus OH 43231**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **P/D Keith McFarland**
2.3 STREET ADDRESS **31229 Cedar Valley Drive**
2.4 CITY-ST-ZIP **Westlake Village CA 91362**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **T/D Kenneth Monnett**
3.3 STREET ADDRESS **2500 Corporation Exchange Dr**
3.4 CITY-ST-ZIP **Columbus OH 43231**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **S Stanley Fish**
4.3 STREET ADDRESS **2500 Corporation Exchange Dr**
4.4 CITY-ST-ZIP **Columbus OH 43231**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **M Gary Palatas**
5.3 STREET ADDRESS **31229 Cedar Valley Drive**
5.4 CITY-ST-ZIP **Westlake Village CA 91362**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Palatas

Gary Palatas

2-15-99

818 597-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)