		DI EASE DEAD	 NII INICT	DUCTI	ONIC	REEO		YAMDI ETI	INICOTHERS (CONTO			
APF REIN: DOCU	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State VISION OF CORPORATIONS CANCE COMPANY ad 91301				SOMPLETING PRISORM. AND FILED 1797 FEB 13 AM 11: 23 SECRETARY OF STATE TALLAHASSEE. FLORIDA							
Principal Place of Business 30851 W. Agoura Road Agoura Hills CA 91301 If above addresses are incorrect in any way, line through incorrect information and enter correction below.									DO NOT WRITE IN THIS	SPACE		
New Principal Office Address. If Applicable 3. New				ailing Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 7–26–1957				
Suite, Apt. #, etc Suite,				e, Apt. #, etc				5. FEI Number 86-0165716 Applied For				
City & State		City & State					Not Applicable					
Zip		Country	Zip		Country	y		6. CERTIFICATE			tional Fee required i	
7. Names a	nd Street Ad	L dresses of Each Officer and/o	r Director (Flor	rida nonprofit	t corpora	itions must li	st at lea	ıst 3 directors)				
Title(s) Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N					City / S	State / Zip		
P & D A. Louis Parker			3317 Klondike Pla			Pl	ace	Castlepines Castlerock,				
ExV&D Richard W. Bergmann				4931 Matilija Ave				enue Sherman Oaks,CA 91345				
SrV&D	rV&D James J. Owens			4647 Adonis Place				е	Moorpark CA 93021			
SrV,T				1405 LaFite Drive				e	Oak Park, C	A 91	301	
						R	ISTAT	EMENT ALE	27	3 ₂ 27		
8. Name and Address of Current Registered Agent								Name and Address of New Registered Agent				
C T Corporation System 1200 South Pine Island Plantation, Florida 333					Road 324 Suite, Apt. #, Etc.			300002 0 \$tate Zip Code 9				
Registered A	Agent		SI SISTERED AG	PECIAL / ENT MUST :	ASSIS SIGN	ITANT S	pt the ol	Digations of Secti	ion 60 7 0595 1 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9	### 2/13	****:75	
De	es this pt. of R	corporation pay a evenue under S.	ny intang 199.032,	Florida	Stati	ie utes. ———	Yes	☐ No [2	X (See other s	ide for info ingible tax		
lease th certify th this rein	e Division of hat I am an o statement ap ed by the co	nat the information supplied w Corporations from any liability officer or director or the receive optication the reason for dissorporation have been paid. The	/ of non-complia er or trustee er plution has beer	ance with Se npowered to n eliminated,	ction 11: execute the cor	9.07(3)(k) in this application that the this porate of the thick in th	the eve ation as satisfie	ent that the inform provided for in ch es the requiremen	ration supplied is deemed ex hapter 607 or 617, F.S. I fun hts of section 607.0401 or 6	empt from ther certify 17.0401	n public access. I y that when filing F.S., and that all	

SIGNATURE:

James J. Owens, Sr.VP&Secretary February 4, 1997