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

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # F9400005393 BALFOUR IMPORTS, INC. 04-26-2001 90329 004 \*\*\*158.75 Principal Place of Business Mailing Address 300 COUNTRY CLUB ROAD P O BOX 458 2ND FLR AVON CT 06001 AVON CT 06001 2. Principal Place of Business 3. Mailing Address 9600 Bell Road PO Box 2037 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-1688656 Windsor, CA Windsor, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired X 95492 95492 Sonoma Sonoma Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President CR2E034 (10/00) TITLE X Delete TITLE WALRAVEN, PAUL A NAME NAME Perrin, Peter 300 COUNTRY CLUB ROAD STREET ADDRESS STREET ADDRESS 8836 Wildwood Links CITY-ST-7IP AVON CT 06001 CITY-ST-ZIP Raleigh, NC 27613 TITLE X Delete TITLE X Addition Vice President WALRAVEN, GAIL A NAME NAME Lynne Carmichael STREET ADDRESS 300 COUNTRY CLUB ROAD STREET ADDRESS 416 Greenfield Avenue CITY-ST-7IP CITY-ST-ZIP AVON CT 06001 San Anselmo, CA 94960 TITLE ☐ Delete TITLE Vice President Change X Addition NAME NAME Dennis Colbert STREET ADDRESS STREET ADDRESS 5998 Westover Drive CITY-ST-ZIP CITY-ST-ZIP Oakland, CA 94611 V.P. Finance TITLE ☐ Delete TITLE Change X Addition Tamra K. Ellis NAME NAME STREET ADDRESS STREET ADDRESS 2507 Woodhaven Drive CITY-ST-ZIP CITY-ST-ZIP Durham, NC 27712 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Adoltion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied with this filling 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis W. Colbert 4/19/01 707-836-5433