

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90065 006 ***150.00

DOCUMENT # F94000005442

1. Entity Name

V.P.D. IV, INC.

Principal Place of Business

13291 Vantage Way
 STE 104
 JACKSONVILLE FL 32218
 US

Mailing Address

150 PARKSHORE DR
 FOLSOM CA 95630-4710
 US

816145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13291 Vantage Way
 Suite, Apt. #, etc.
 Suite 104
 City & State
 Jacksonville, FL
 Zip
 32218
 Country
 US

3. Mailing Address

150 PARKSHORE DR
 Suite, Apt. #, etc.
 FOLSOM CA 95630-4710
 City & State
 FOLSOM, CA
 Zip
 95630
 Country
 US

4. FEI Number **65-0340327**

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL 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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	SHANNAHAN, TIMOTHY	
STREET ADDRESS	6051 SOUTH WATT AVENUE	
CITY-ST-ZIP	SACRAMENTO CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JORGENSEN, MARTY	
STREET ADDRESS	6051 S WATT AVE	
CITY-ST-ZIP	SACRAMENTO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZIER, RUSS	
STREET ADDRESS	6051 SOUTH WATT AVENUE	
CITY-ST-ZIP	SACRAMENTO CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	150 PARKSHORE DR.	
CITY-ST-ZIP	FOLSOM, CA 95630	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	150 PARKSHORE DR.	
CITY-ST-ZIP	FOLSOM, CA 95630	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	150 PARKSHORE DR.	
CITY-ST-ZIP	FOLSOM, CA 95630	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David L. Sedberry Jr. VP Finance

2-17-00

916-605-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)