## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91421 004 \*\*\*150.00

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Principal Place of Business Mailing Address 1040 WATSON CENTER ROAD 1040 WATSON CENTER ROAD CARSON CA 90745 CARSON CA 90745 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 95-2596725 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST., STE. 105 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, I am familiar with, and accept the obligations of registered agent. 1 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Addition TITLE ☐ Change PORTEOUS, JOHN B NAME NAME STREET ADDRESS 1040 WATSON CENTER ROAD STREET ADDRESS watson Cower CARSON CA 90745 CITY-ST-ZIP CITY-ST-ZIP CONTSON, CA ☐ Delete TITLE ☐ Change TITLE ☐ Addition PORTEOUS, BARRY NAME STREET ADDRESS 1040 WATSON CENTER ROAD STREET ADDRESS CITY-ST-ZIE CARSON CA 90745 CITY-ST-ZIP n ☐ Delete TITLE Change ☐ Addition TITLE PATCHETT, KEN NAME NAME 1040 WATSON CENTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARSON CA 90745 CITY-ST-ZIP **VCFO** ☐ Addition TITLE ☐ Delete TITLE ☐ Change OSIER, V. WILLIAM NAME NAME 1040 WATSON CENTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARSON CA 90745 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change PORTEOUS, ROBERT F NAME NAME 1040 WATSON CENTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARSON CA 90745 CITY-ST-ZIP Delete ☐ Addition CLARK, KEVIN NAME NAME 1040 WATSON CENTER ROAD STREET ADDRESS STREET ADDRESS CARSON CA 90745 CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

310-549-9181

Daytime Phone #

(R2E034 (10/02)