

**FILED**

**Apr 13, 2000 8:00 am**  
**Secretary of State**

[illegible]

DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4297895**

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**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

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MULLINS, SUE	
STREET ADDRESS	4700 S BOYLE AVE	
CITY-ST-ZIP	VERNON CA	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LYNCH, MARTIN A	
STREET ADDRESS	4700 S. BOYLE AVE.	
CITY-ST-ZIP	VERNON CA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ALVARADO, DONALD G	
STREET ADDRESS	4700 S. BOYLE AVE.	
CITY-ST-ZIP	VERNON CA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LAVERTY III, ROGER M	
STREET ADDRESS	4700 S. BOYLE AVE.	
CITY-ST-ZIP	VERNON CA	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	EMMONS, ROBERT J	
STREET ADDRESS	524 CHAPALA ST.	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEED	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROEDER, ROSS		
STREET ADDRESS	600 CITADEL DRIVE		
CITY-ST-ZIP	COMMERCE, CA 90040		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	600 CITADEL DR.		
CITY-ST-ZIP	COMMERCE, CA 90040		
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	7600 CITADEL DRIVE		
CITY-ST-ZIP	COMMERCE, CA. 90040		
TITLE	VT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PHEGLEY, RICHARD		
STREET ADDRESS	600 CITADEL DRIVE		
CITY-ST-ZIP	COMMERCE, CA 90040		
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			

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN A. LYNCH

Date \_\_\_\_\_

Daytime Phone #