

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90958 028 ***150.00

DOCUMENT # F95000005512

1. Entity Name
QAI, INC.



Principal Place of Business
ONE TECHNOLOGY, STE. J709
IRVINE CA 92618
US

Mailing Address
10622 VILLA DEL CERRO
SANTA ANA CA 92705
US

2. Principal Place of Business
10622 Villa Del Cerro

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Santa Ana, CA

City & State

4. FEI Number
41-1709144

Applied For
Not Applicable

Zip
92705

Country
Orange

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P ☐ Delete
NAME
DAVID WIEGAND
STREET ADDRESS
ONE TECHNOLOGY DRIVE, STE. J709
CITY-ST-ZIP
IRVINE CA 92618

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
10622 Villa Del Cerro
CITY-ST-ZIP
Santa Ana, CA 92705

TITLE
S ☐ Delete
NAME
MARIA WIEGAND
STREET ADDRESS
ONE TECHNOLOGY DRIVE, STE. J709
CITY-ST-ZIP
IRVINE CA 92618

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
10622 Villa Del Cerro
CITY-ST-ZIP
Santa Ana, CA 92705

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE REQUIRED
Maria Wiegand, Secty

Date

Daytime Phone #

1-25-03 949-789-8967

CR2E034 (10/02)