2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am § Secretary of State DOCUMENT # F96000001641 1. Entity Name 05-06-2002 90185 045 ***150.00 HSH I, INC. Principal Place of Business Mailing Address 12730 HIGH BLUFF DRIVE 12730 HIGH BLUFF DRIVE **SUITE #250 SUITE #250** SAN DIEGO CA 92130 SAN DIEGO CA 92130 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 33-0667325 Not Applicable Zip Country 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 Name MARINICH, DAVID Street Address (P.O. Box Number is Not Acceptable) 3075 NORTH ROCKY POINTE DR **TAMPA FL 33607** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME HARDAGE, SAMUEL A NAME STREET ADDRESS STREET ADDRESS 12730 HIGH BLUFF DRIVE SUITE #250 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92130 TITLE X Delete TITLE ☐ Change ☐ Addition NAME GROSSBARD, LEE NAME STREET ADDRESS STREET ADDRESS 12730 HIGH BLUFF DRIVE SUITE #250 CITY-ST-7IP CITY-ST-ZIP SAN DIEGO CA 92130 ☐ Delete TITLE ☐ Change ☐ Addition NAME FARRELL, THOMAS D NAME STREET ADDRESS 12730 HIGH BLUFF DRIVE SUITE #250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92130 TITLE Delete Treasurer TITLE ☐ Change X Addition NAME Craig Watson NAME HOOVER, TED STREET ADDRESS 12730 HIGH BLUFF DRIVE SUITE #250 STREET ADDRESS 12730 High Bluff Dr. #250 CITY-ST-ZIP SAN DIEGO CA 92130 CITY-ST-ZIP San Diego, CA 92130 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: SIGNATURE AND WELL OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DESCRIPTION OF SIGNING OFFICER OF DESCRIPTION OF SIGNING OFFICER OF DESCRIPTION OF SIGNING OFFICER O

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 supplied 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 receive of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmed with an analysis, with all other like empowered.