

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000002947**1. Entity Name
MOMENTUM TEXTILES INC.Principal Place of Business
17801 FITCH ST
IRVINE CA 92714Mailing Address
17801 FITCH ST
IRVINE CA 92714

2. Principal Place of Business

3. Mailing Address
17801 FITCH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
IRVINE CA

4. FEI Number

33-0580411

Applied For

Not Applicable

Zip

Country

Zip

Country

92614

US

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 ROADPLANTATION FL
33324 US

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 _____ **01/26/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete
NAME ARCEINIEGA ROGER G
STREET ADDRESS 17801 FITCH ST
CITY-ST-ZIP IRVINE CA 92614TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DVP ☐ Delete
NAME GOWDY KATHLEEN M
STREET ADDRESS 17801 FITCH ST
CITY-ST-ZIP IRVINE CA 92614TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME CORRAO JOANNE F
STREET ADDRESS 17801 FITCH ST
CITY-ST-ZIP IRVINE CA 92614TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CFOV ☐ Delete
NAME CORRAO JOANNE F
STREET ADDRESS 17801 FITCH ST
CITY-ST-ZIP IRVINE CA 92614TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CEO ☐ Delete
NAME WILKINSON JOHN B
STREET ADDRESS 17801 FITCH ST
CITY-ST-ZIP IRVINE CA 92614TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DCP ☐ Delete
NAME WILKINSON JOHN B
STREET ADDRESS 17801 FITCH ST
CITY-ST-ZIP IRVINE CA 92614TITLE ☐ Change ☐ 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)(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: James Liu

a

01/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)