

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000002947

FILED
Jan 15, 2003
Secretary of State

Entity Name: MOMENTUM TEXTILES INC.

Current Principal Place of Business:

17801 FITCH ST
IRVINE, CA 92714

New Principal Place of Business:

Current Mailing Address:

17801 FITCH ST
IRVINE, CA 92614 US

New Mailing Address:

FEI Number: 33-0580411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: WILKINSON, JOHN B
Address: 17801 FITCH ST
City-St-Zip: IRVINE, CA 92614

Title: CEO () Delete
Name: WILKINSON, JOHN B
Address: 17801 FITCH ST
City-St-Zip: IRVINE, CA 92614

Title: CFOV () Delete
Name: CORRAO, JOANNE F
Address: 17801 FITCH ST
City-St-Zip: IRVINE, CA 92614

Title: S () Delete
Name: CORRAO, JOANNE F
Address: 17801 FITCH ST
City-St-Zip: IRVINE, CA 92614

Title: DVP () Delete
Name: GOWDY, KATHLEEN M
Address: 17801 FITCH ST
City-St-Zip: IRVINE, CA 92614

Title: DV () Delete
Name: ARCINIEGA, ROGER G
Address: 17801 FITCH ST
City-St-Zip: IRVINE, CA 92614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORRAO, JOANNE F

CFOV

01/15/2003

Electronic Signature of Signing Officer or Director

Date