

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000004927

1. Entity Name
COEN COMPANY, INC.



Principal Place of Business
100 FOSTER CITY BLVD
FOSTER CITY, CA 94404

Mailing Address
100 FOSTER CITY BLVD
FOSTER CITY, CA 94404

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-0393390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIRNAT, STEPHEN E 11920 E APACHE TULSA, OK 74121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCHNELL, EARL W 1510 TANFORAN AVE WOODLAND, CA 95776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLAMINI, MATTHEW 4111 E.37TH STREET NORTH WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOODMAN, JIM 11920 E.APACHE TULSA, OK 74121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUIZ, ROBERTO 11920 E.APACHE TULSA, OK 74121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HADDOCK, BRADLEY E 4111E 37TH STREET NORTH WICHITA, KS 67220

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07/22/08-80009-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/08

918-230-8049