2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # F9700001883 BAY AREA PIGGYBACK, INC. -11-2001 90118 020 ***150.00 Principal Place of Business Mailing Address 560 LENNON LN 560 LENNON LN WALNUT CREEK CA 94598 WALNUT CREEK CA 94598 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 94-2286648 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: LOTERO-RUSHTON, GLORIA Street Address (P.O. Box Number is Not Acceptable) 6885 NW 25TH ST BAY #5 MIAMI FL 33122 Zip Code he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE · /: FRANCIS, GERALD A NAME NAME 1690 SARGENT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONCORD CA 94518 ☐ Addition TITLE □ Delete TITLE Change MERRITT, ELEANOR NAME NAME STREET ADDRESS 23585 W 207TH ST STREET ADDRESS CITY-ST-ZIP SPRING HILL KS 66083 CITY-ST-ZIP DST. Delete_-TITLE ☐ Change TITLE -: -: -: FRANCIS, MYRNA J NAME NAME STREET ADDRESS 1670 SARGENT RD STREET ADDRESS CITY-ST-ZIP **CONCORD CA 94518** CITY-ST-ZIP ☐ Delete TITLE Change Addition FRANCIS, GEORGE W NAME 1261 BERMUDA CT STREET ADDRESS STREET ADDRESS CONCORD CA 94518 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS 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.

IGNATURE: Jegal, Johnson 04/06/01 925-932-1313
SIGNATURE: Date Date Daylime Phone #