

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90158 021 ***150.00

DOCUMENT # F97000004027

1. Entity Name
BIRD PRODUCTS CORPORATION OF CALIFORNIA



Principal Place of Business
**1100 BIRD CENTER DRIVE
PALM SPRINGS, CA 92262 US**

Mailing Address
**227 WASHINGTON ST.
SUITE 200
CONSHOHOCKEN, PA 19428 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
33-0069580

Applied For
Not Applicable

Zip Country

Zip Country

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 ROAD
PLANTATION, FL 33324**

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. 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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME PELNER, EDWARD
STREET ADDRESS 227 WASHINGTON STREET, STE. 200
CITY-ST-ZIP CONSHOHOCKEN, PA 19428

TITLE PD ☒ Change ☐ Addition
NAME Pulwer, Edward
STREET ADDRESS 227 Washington Street, Suite 200
CITY-ST-ZIP Conshohocken, PA 19428

TITLE V ☒ Delete
NAME EISERMAN, DALE R
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200
CITY-ST-ZIP CONSHOHOCKEN, PA 19428

TITLE V ☐ Change ☒ Addition
NAME Lorifice, Robert
STREET ADDRESS 227 Washington Street, Suite 200
CITY-ST-ZIP Conshohocken, PA 19428

TITLE V ☒ Delete
NAME VIRGIN, KIM A
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200
CITY-ST-ZIP CONSHOHOCKEN, PA 19428

TITLE D ☐ Change ☒ Addition
NAME Connelly, Stephen P.
STREET ADDRESS 227 Washington Street, Suite 200
CITY-ST-ZIP Conshohocken, PA

TITLE S ☐ Delete
NAME GALVIN, MARTIN P
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200
CITY-ST-ZIP CONSHOHOCKEN, PA 19428

TITLE D ☒ Change ☐ Addition
NAME Galvan, Martin P.
STREET ADDRESS 227 Washington Street, Suite 200
CITY-ST-ZIP Conshohocken, PA 19428

TITLE T ☐ Delete
NAME REIMER, WESLEY N
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200
CITY-ST-ZIP CONSHOHOCKEN, PA 19428

TITLE S ☐ Change ☒ Addition
NAME Bennett, Matthew M.
STREET ADDRESS 227 Washington St., Suite 200
CITY-ST-ZIP Conshohocken, PA 19428

TITLE D ☒ Delete
NAME THURMAN, RANDY
STREET ADDRESS 227 WASHINGTON STREET, SUITE 200
CITY-ST-ZIP CONSHOHOCKEN, PA 19428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 #

4/30/04

610-862-0800