FILED Mar 01, 2001 8:00 am Secretary of State 01-25-2001 90163 001 ***317.50

1/25

200	. 0111	. O. IIII DOS	111422				-,	01 23	2001 2010.	, 001	517.50	
1. Entity Nar	me	# F97000	-	_								
WHEREHOUSE SUBSIDIARY I CO., INC.								63866				
j	ce of Busines	3.3	-	Mailing Address				0000				
19701 HAMILTO TORRENCE CA			TORRENCE CA 9									
2. Principal	Place of Busin	ness .	3. Mailing Addy	696 and (4		2100.					
Suite, Apt		as Apol	Suite, Apt. #,		- ac		17 110	DO NOT W	RITE IN THIS SP	ACE		•
City & Sta	RANCE .	CA	City & State TORRANO	E CA		•	4.	FEI Number 75-14386	52		pplied For ot Applicable	
Zip	-4	Country	Zip		Country			Certificate of Status Desired	UZI F	8.75 Adee Require]
	6. Name	and Address of Current	t Registered Agent			Name	7.	Name and Address of New	Registered Ag	ent		┨
	PORATION HAYS ST	SERVICE COMPANY	***				dress (P.O.	Box Number Is Not Accepta	ole)			<u>-</u> - :
STE.							N/W					
] '	City		,	FL	Zip Coo	le	
8. The above	named entit	y submits this statement for	or the purpose of ch	anging its re	gistered	office or r	egistered ag	gent, or both, in the State of	lorida.	<u> </u>		7
				/	//	,						
SIGNATURE	Signature, typed	or printed name of registered egent	t and tide if applicable.	(NOT)	Registered Ag	pont signature	required when r	einstating)	DATE			
Tax filing requirement and elects to do so. After MAY 1, 20					PEE IS \$150.00 Tee will be \$550.00 to Department of Stat			10. Election Campaign F Trust Fund Contribut			0 May Be d to Fees	
11.		OFFICERS AND	DIRECTORS		12.		AC	DDITIONS/CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11	_ ל
TITLE NAME	Antoni	O C. ALVAREZ	, <i>亚</i>	elete	TITLE NAME		D PAUL	STRAUSS	ו	Change:	☐ Addition	F034 (10/00)
STREET ADDRESS CITY-ST-ZIP	Torrano	Hamilton Ave	702	,	STREET A	DORESS - ZIP	19701 TORRAN	Hamilton Ave. CE CA 90502				2E034
TITLE NAME	SVP,T CHARLE	S M FUERTSC	Го . <u>#</u> .	eleta	TITLE NAME] Change	Addition	3
STREET ADORESS CITY-ST-ZIP	Torran	Hamilton Ave Ce , CA. 905	<u> </u>		CITY-ST-							
NAME. STREET ADDRESS	PAUL	STRAUSS	Ļ, D	elete -	TITLE NAME STREET A	ODRESS			٠ .] Change	☐ Addition	
CITY-ST-ZIP	TORRAN VP, O+	STRAUSS Həmiltən Ave Ice , ca. 9050	<u>į</u>		CITY-ST-		·	<u> </u>) Change	☐ Addition	1
NAME	MARK	D. ALVARET	, 0	SIGIE .	NAME	-			Ļ	Change		
STREET ADORESS CITY+51+ZIP	19701 Torrano	D. ALVAREZ Hamilton Ave le CA 90502)	· ·	STREET A	1						
NAME	Antonia	A ALVADEZ		elete	TITLE NAME] Change	Addition	
STREET ADDRESS CITY-ST-TIP	1970) i	tamilton Ave	02		STREET A	- 1			· ·			
TITLE NAME	DIMARK	A. VELARDE	□ 04	elete	TITLE NAME		•		C] Change	☐ Addition	
STREET ADDRESS	19701	Hamilton Ave		,	STREET A	1						}
CITY-ST-ZIP				P.L. 1	CITY-ST-				A.C. (2)		£	}
13. Thereby o	centry that the	intermation supplied with	i this filing does not a	quality for th	e exempt	ion stated	in Section	119.07(3)(i), Florida Statutes	I further certify	that the in	rormation	į.

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 t 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:

1-10-01 410- 465-8310