

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90100 022 ***150.00

DOCUMENT # F97000005043

1. Corporation Name

B D SYSTEMS, INC.

Principal Place of Business

385 VAN NESS AVENUE
TORRANCE CA 90501-420
US

Mailing Address

385 VAN NESS AVENUE
TORRANCE CA 90501-4220
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

95-3675882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

90509-2707 25

90509-2707 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME SOKOLOV, LOREN L
STREET ADDRESS 385 VAN NESS AVE., SUITE 200
CITY-ST-ZIP TORRANCE CA 90501

TITLE V ☐ DELETE

NAME HOWARD, DONIVAN R
STREET ADDRESS 385 VAN NESS AVE., SUITE 200
CITY-ST-ZIP TORRANCE CA 90501

TITLE STD ☐ DELETE

NAME URSETTIE JR, HOWARD J
STREET ADDRESS 385 VAN NESS AVE., STE 200
CITY-ST-ZIP TORRANCE CA

TITLE D ☐ DELETE

NAME GUILLORY, WEBSTER
STREET ADDRESS 385 VAN NESS AVE., STE 200
CITY-ST-ZIP TORRANCE CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME KEER, KIRK D
1.3 STREET ADDRESS 385 VAN NESS AVE, SUITE 200
1.4 CITY-ST-ZIP TORRANCE, CA 90509-2707

2.1 TITLE PCO ☐ Change ☒ Addition

2.2 NAME HOWARD, CLARISA F
2.3 STREET ADDRESS 385 VAN NESS AVE., SUITE 200
2.4 CITY-ST-ZIP TORRANCE, CA 90509-2707

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loren L Sokolov*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.26.99

Date

(310) 618-8798

Daytime Phone #

CR2E034 (11/98)