2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State **DOCUMENT #** F97000005043 1. Entity Name 05-14-2002 90012 032 ***150 00 B D SYSTEMS, INC. Principal Place of Business Mailing Address 385 VAN NESS AVENUE 385 VAN NESS AVENUE TORRANCE CA 90509-2707 TORRANCE CA 90509-2707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE , or of the second second City & State City & State 4. FEI Number Applied For 95-3675882 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. **SIGNATURE** Signature, typed or printed name of registered 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME HOWARD, DONIVAN R NAME STREET ADDRESS STREET ADDRESS 385 VAN NESS AVE., SUITE 200 City-St-ZIP **TORRANCE CA 90501** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME URSETTIE JR, HOWARD J NAME STREET ADDRESS STREET ADDRESS 385 VAN NESS AVE ., STE 200 CITY-ST-ZIP CITY-ST-ZIP TORRANCE CA Change TITLE ☐ Delete TITLE ☐ Addition D NAME NAME **GUILLORY, WEBSTER** STREET ADDRESS STREET ADDRESS 385 VAN NESS AVE ., STE 200 CITY-ST-ZIP CITY-ST-ZIP TORRANCE CA ☐ Delete TITLE Change ☐ Addition NAME NAME KEER, KIRK D STREET ADDRESS STREET ADDRESS 385 VAN NESS AVE STE 200 CITY-ST-7IP CITY-ST-ZIP TORRANCE CA 90509-2707 TITLE PCD □ Delete TITLE Change ☐ Addition NAME HOWARD, CLARISA F NAME STREET ADDRESS 385 VAN NESS AVE., STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORRANCE CA 90509-2707 TITLÊ ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Hhereby 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

CITY-ST-ZIP

THE AND WHEN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

CITY-ST-ZIP

FILED

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