2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005043

1. Entity Name
B D SYSTEMS, INC.

Principal Place of Business	Mailing Address
385 VAN NESS AVENUE TORRANCE, CA 90509-2707 US	385 VAN NESS AVENUE TORRANCE, CA 90509-2707 US

01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3675882
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HOWARD, DONIVAN R
STREET ADDRESS	385 VAN NESS AVE., SUITE 200
CITY-ST-ZIP	TORRANCE, CA 90501
TITLE	STD
NAME	URSETTIE JR, HOWARD J
STREET ADDRESS	385 VAN NESS AVE ., STE 200
CITY-ST-ZIP	TORRANCE, CA
TITLE	D
NAME	GUILLORY, WEBSTER
STREET ADDRESS	385 VAN NESS AVE ., STE 200
CITY-ST-ZIP	TORRANCE, CA
TITLE	PCD
NAME	HOWARD, CLARISA F
STREET ADDRESS	385 VAN NESS AVE., STE 200
CITY-ST-ZIP	TORRANCE, CA 905092707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000511696
04/29/06-80052-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Howard J Ursettie 1/23/05 310-618-8798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #