## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # F9700005583 FASCO INTERNATIONAL, INC. 04-25-2001 90187 037 \*\*\*150.00 Mailing Address Principal Place of Business 3075 COHASSET ROAD 3075 COHASSET ROAD CHICO CA 95973 CHICO CA 95973 110041164 2. Principal Place of Business 3. Mailing Address BLVD 301 W. VALLEY W. VALLEY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc STE. 220 STE. 220 Applied For City & State 4. FEI Number 65-0289018 Not Applicable SAN GABRIEL SAN BABRIEL \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EMMERSON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4148 LOUIS AVE HOLIDAY FL 34691 Zip Code City FL 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 . 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SD ☐ Change Addition ☐ Delete TITLE TITLE HORNG-JHY, WEI NAME 2 VIA FLORA COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHICO CA Change Addition ☐ Delete TITLE CHARNG-YI, CHEN NAME 271 DAGUE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WALNUT CA ☐ Delete TITLE Change Addition TITLE YOUNG, ALEX NAME NAME 301 W. VALLEY BLVD. STE 220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN GABRIEL CA 91776 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if

HORNG-JYH WEI

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR