

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
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 047 ***150.00

DOCUMENT # **F97000005775**

1. Corporation Name

CAMPUS C-STORES, INC.



Principal Place of Business

7596 EADS AVE
SUITE 201
LA JOLLA CA 92037
US

Mailing Address

7596 EADS AVENUE
SUITE 201
LA JOLLA CA 92037
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

33-0737646

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 DP
NAME WYKES, NEIL A
STREET ADDRESS 7596 EADS AVE, STE 201
CITY-ST-ZIP LA JOLLA CA 92037 ☐ DELETE

TITLE DV
NAME KIMBLE, RANDOLPH E
STREET ADDRESS 7596 EADS AVE, STE 201
CITY-ST-ZIP LA JOLLA CA 92037 ☐ DELETE

TITLE V
NAME VENTURINI, MARTIN J
STREET ADDRESS 7596 EADS AVE, STE 201
CITY-ST-ZIP LA JOLLA CA 92037 ☐ DELETE

TITLE S
NAME GLICKMAN, A.B.
STREET ADDRESS 1300 E. 9TH ST., STE. 900
CITY-ST-ZIP CLEVELAND OH 44114 ☐ DELETE

TITLE D
NAME PINKAS, ROBERT P
STREET ADDRESS 26000 CHAGRIN BLVD., STE. 1150
CITY-ST-ZIP CLEVELAND OH 44122 ☐ DELETE

TITLE D
NAME BERGMAN, JIM
STREET ADDRESS 26000 CHAGRIN BLVD., STE. 1150
CITY-ST-ZIP CLEVELAND OH 44122 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)