May 16, 2003 8:00 am & Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F98000000065 DOCUMENT #

1. Entity Name



05-16-2003 90172 024 ***150.00 TALENT TREE OF CALIFORNIA, INC. Principal Place of Business Mailing Address N-O-BOLOMON ACHOHON -9703 RICHMOND AVENUE 9703 RICHMOND AVENUE HOUSTON TX 77042 HOUSTON TX 77042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 76-0489117 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. resident/CEO PC TITLE Delete TITLE MEIER, GARRY Othon Herrera NAME NAME 9703 Richmond Ave 9703 RICHMOND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77042** CITY-ST-ZIP Houston TX 77042 CFO/VP Delete TITLE TITLE ☐ Change **Addition** Brian Fontana PARKER, DOUGLAS R NAME NAME 19703 Richmond Ave STREET ADDRESS 9703 RICHMOND AVENUE STREET ADDRESS CITY-ST-ZIP Houston TX CITY-ST-ZIP **HOUSTON TX 77042** TITLE . Change ___ : Addition - == Delete Delete IIILE NAME CROCKER, SAMUEL S NAME STREET ADDRESS 9703 RICHMOND AVENUE STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77042** CITY-ST-ZIP TITLE TITLE ☐ Delete Change __ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

ibe requiroth. SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR