2008 FOR PROFIT CORPORATION

Feb 08, 2008 08:00 AN **ANNUAL REPORT Secretary of State DOCUMENT # F98000001043** 1. Entity Name APH CORPORATION Principal Place of Business Mailing Address 1940 FILMORE STREET 1940 FILMORE STREET SAN FRANCISCO, CA 94115 SAN FRANCISCO, CA 94115 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 91-1366537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KORN, GARY A 20801 BISCAYNE BLVD STE 501 IN THIS SPACE AVENTURA, FL 33180 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. h turn til sem med skum kremstillere spe å med skelet pe skjet, efterler geme g tan di bernat publikan perujuh artar an praktorien di sasa di ke Basasa d POSD alah keralah dilah di selah di sebagai di dalah di dalah di sebagai di sebagai di sebagai di sebagai di sebagai SEIDLER, BART NAME STREET ADDRESS 1940 FILLMORE ST CITY-ST-ZIP SAN FRANCISCO, CA 94115 er ektrologia arrang sa arrang mengenak dipelanggangan persiti penggangan di TITLE NAME 02/18/08-80010-013 150.00 STREET ADDRESS CITY-ST-ZIP વર્ષો લાખે છે. જે જો ત્યારે ઉત્પન્ન માટે અનો એ એ એક એક એક કોઈ કોઈ છે. Burner melant alle de propriet de parte establista de la filia de og and the state of these series of an include Lindschung. TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE STREET ADDRESS many of the second of the second of the second of the CITY-ST-ZIP and the section of the control of the section of th Some a material to record or propriate an analysis spirit we are propri TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Bart Seidler, Secretary 2/05/083 346-2323

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