2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # F9800001347 KALAMA BEACH CORPORATION (CA) 02-06-2001 90339 043 ***158.75 Principal Place of Business Mailing Address 7499 AUGUSTA NATIONAL DR 3536 HARDING AVE., STE 500 HONOLULU HI 96816-2453 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 95-4350907 Not Applicable Zip Country Zip 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change Addition 3 TITLE NAME WESTON, THOMAS R NAME Robert J. Costello 3536 HARDING AVE., #500 STREET ADDRESS STREET ADDRESS 7340 E. Whistling Wind Way HONOLULU HI 96816-2453 CITY-ST-ZIP CITY-ST-ZIP Scottsdale, AZ "85255 Addition ☐ Delete TITLE ☐ Change VP & GM NAME SULLIVAN, KATHLEEN W NAME Harvey Durand STREET ADDRESS 1892 JUDD HILLSIDE ST STREET ADDRESS 2461 West 205th Street, Suite B204B CITY-ST-ZIP HONOLULU HI 96822 CITY-ST-ZIP Torrance, CA 90501 TITLE TITLE ☐ Change Addition Delete NAME KAWANO: ANDREW T NAME Jeanette Oberhaus STREET ADDRESS 3536 HARDING AVE., #500 STREET ADDRESS 2461 West 205th Street, Suite B204B CITY-ST-7IP 96816-2453 CITY-ST-ZIP HONOLULU HI Torrance, CA 90501 ☐ Delete TITLE ☐ Change Addition TITLE VP NAME WALL, ROGER J NAME Vernon Ikebe 3536 HARDING AVE., #500 STREET ADDRESS STREET ADDRESS 3536 Harding Ave, #500 CITY-ST-7IP CITY-ST-7IP HONOLULU HI 96816-2453 Honolulu HI 96816-2453 TITLE ☐ Delete TITLE Addition Change WALL, M J NAME NAME STREET ADDRESS 3536 HARDING AVE., #500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HONOLULU HI 96816-2453 TITLE ☐ Delete TITLE Change ☐ Addition SULLIVAN, COLLEEN NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

3536 HARDING AVE., #500

HONOLULU HI

STREET ADDRESS

CITY-ST-ZIP

Awano RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96816-2453

1/23/01

808-732-5515 x260

Daytime Phone #