## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F98000005315 Mar 02, 2000 8:00 am Entity Name **Secretary of State** LMA NORTH AMERICA, INC. 03-02-2000 90104 005 \*\*\*150.00 Principal Place of Business Mailing Address 9360 TOWNE CENTRE DRIVE 9360 TOWNE CENTRE DRIVE SAN DIEGO CA 92121 SAN DIEGO CA 92121-3030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 33-0785550 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. O COB ALL LANGE TITLE **Change** Addition ☐ Delete TITLE HALE, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 9360 TOWNE CENTRE DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92121 ☐ Change ☐ Addition ☐ Delete TITLE TSD KOTO, MARY NAME STREET ADDRESS STREET ADDRESS 9360 TOWNE CENTRE DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92121 - - -☐ Addition ☐ Change ☐ Delete TITLE NAME NAME HEWETT, PETER 9360 TOWNE CENTRE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92121 Addition ☐ Delete Change TITLE COOPER, JANE G NAME STREET ADDRESS STREET ADDRESS 9360 TOWNE CENTRE DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92121 ☐ Delete ☐ Change Addition TITLE CLARKE, PETER NAME STREET ADDRESS STREET ADDRESS 9360 TOWNE CENTRE DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92121 $\mathcal{E}\mathcal{O}$ , P, $\mathcal{O}$ Addition Addition ☐ Delete TITLE TITLE steven Mendell NAME NAME 9360 Townelentre Or

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.

STREET ADDRESS

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