

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90355 013 \*\*\*150.00

**DOCUMENT # F98000005315**



1. Entity Name  
LMA NORTH AMERICA, INC.

Principal Place of Business  
9360 TOWNE CENTRE DRIVE  
SAN DIEGO, CA 92121

Mailing Address  
9360 TOWNE CENTRE DRIVE  
SAN DIEGO, CA 92121

24048388



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

33-0785550

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete  
NAME: HALE, DAVID  
STREET ADDRESS: 9360 TOWNE CENTRE DRIVE  
CITY-ST-ZIP: SAN DIEGO, CA 92121

TITLE: VCFO ☐ Delete  
NAME: SAYWARD, JOHN  
STREET ADDRESS: 9360 TOWNE CENTRE DRIVE  
CITY-ST-ZIP: SAN DIEGO, CA 92121

TITLE: D ☐ Delete  
NAME: HEWETT, PETER  
STREET ADDRESS: 9360 TOWNE CENTRE DRIVE  
CITY-ST-ZIP: SAN DIEGO, CA 92121

TITLE: D ☐ Delete  
NAME: COOPER, JANE G  
STREET ADDRESS: 9360 TOWNE CENTRE DRIVE  
CITY-ST-ZIP: SAN DIEGO, CA 92121

TITLE: D ☐ Delete  
NAME: CLARKE, PETER  
STREET ADDRESS: 9360 TOWNE CENTRE DRIVE  
CITY-ST-ZIP: SAN DIEGO, CA 92121

TITLE: CEO ☐ Delete  
NAME: MENDELL, STEVEN  
STREET ADDRESS: 9360 TOWNE CENTRE DR  
CITY-ST-ZIP: SAN DIEGO, CA 92121

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE: V/A 5 ☐ Change ☒ Addition  
NAME: Lori A. Sherwood  
STREET ADDRESS: 9360 Towne Centre Dr.  
CITY-ST-ZIP: SAN DIEGO CA 92121

TITLE: 3/Treasurer ☐ Change ☒ Addition  
NAME: Sayward, John  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: D ☐ Change ☒ Addition  
NAME: Peter Clarke  
STREET ADDRESS: 9360 Towne Centre Dr.  
CITY-ST-ZIP: SAN DIEGO CA 92121

TITLE: D ☐ Change ☒ Addition  
NAME: Trevor Swete  
STREET ADDRESS: 9360 Towne Centre Dr.  
CITY-ST-ZIP: SAN DIEGO CA 92121

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: D ☐ Change ☒ Addition  
NAME: Mendell, Steven  
STREET ADDRESS:  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-04

Date

Daytime Phone #