

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90208 040 ***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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032005 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, 2005 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	<input checked="" type="checkbox"/> Delete
NAME	HALE, DAVID	
STREET ADDRESS	9360 TOWNE CENTRE DRIVE	
CITY-ST-ZIP	SAN DIEGO, CA 92121	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	SAYWARD, JOHN	
STREET ADDRESS	9360 TOWNE CENTRE DRIVE	
CITY-ST-ZIP	SAN DIEGO, CA 92121	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEWETT, PETER	
STREET ADDRESS	9360 TOWNE CENTRE DRIVE	
CITY-ST-ZIP	SAN DIEGO, CA 92121	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, JANE G	
STREET ADDRESS	9360 TOWNE CENTRE DRIVE	
CITY-ST-ZIP	SAN DIEGO, CA 92121	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, PETER	
STREET ADDRESS	9360 TOWNE CENTRE DRIVE	
CITY-ST-ZIP	SAN DIEGO, CA 92121	
TITLE	CEOR	<input type="checkbox"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trevor Swete	
STREET ADDRESS	9360 Towne Centre Dr.	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Block	
STREET ADDRESS	9360 Towne Centre Dr.	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Mendell	
STREET ADDRESS	9360 Towne Centre Dr.	
CITY-ST-ZIP	SAN DIEGO CA 92121	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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

2/23/05

Date

8586223859

Daytime Phone #