


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000000480</b>	
1. Entity Name TRIMARK RAYGAL, INC.	

Principal Place of Business 2719 WHITE RD. IRVINE, CA 92614	Mailing Address 2719 WHITE RD. IRVINE, CA 92614
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**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2707389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERVIS, JACK H 2719 WHITE RD IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUDOLPH, RICHARD A ONE ROCKEFELLER STE. 1722 NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, STEVEN W 2719 WHITE RD. IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, ERIC D 2719 WHITE RD. IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALLETT, DIRK 2719 WHITE RD. IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000088734  
03/15/04-80066-010 150.00

**DO NOT WRITE IN THIS SPACE**

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 3-9-04	Daytime Phone #: 949-474-1000
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