

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 29, 2000 8:00 am**
Secretary of State

02-29-2000 90118 001 ***150.00

A0019000



DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000001291

1. Entity Name

KELLEY-CLARKE, INC.

Principal Place of Business

Mailing Address

1470 SOUTH VALLEY DR., STE #200
BAR CA 917651470 SOUTH VALLEY DR., STE #200
DIAMOND BAR CA 91765

2. Principal Place of Business

3. Mailing Address

1470 S. Valley Vista Dr.
Suite, Apt. #, etc.P.O. Box 5558
Suite, Apt. #, etc.Suite 200
City & State:

Diamond Bar, CA 91765

City & State

Diamond Bar, CA 91765

Zip

Country

91765

USA

Zip

91765

Country

USA

4. FEI Number

93-0810174

Applied For

Not Applicable

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPBELL, R C 3807 N 7TH STREET PHOENIX AZ <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McClung, Roger 6850 Belfort Oaks Place Jacksonville, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PRATT JR, WILLIAM C 5901 GREEN VALLEY CIRCLE, STE 130 CULVER CITY CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Busse, Donald 1470 S. Valley Vista Drive, Suite 200 Diamond Bar, Ca 91765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FRANKOWSKI, CHARLES J. PO BOX 5558 DIAMOND BAR CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WOODLIEF, DONALD H PO BOX 97013 BELLEVUE WA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Smith, Karen 1470 S. Valley Vista Drive, Suite 200 Diamond Bar, CA 91765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROSS, RAYMOND F PO BOX 34010 SEATTLE WA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLEMAN, ROBERT W PO BOX 3130 TUALATIN OR <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Donald Busse **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

909/612-5101

Daytime Phone #

CR2E034 (9/99)