

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F99000001749

1. Entity Name
CLARK SECURITIES, INC.



Principal Place of Business

**633 W. 5TH STREET
52ND FLOOR
LOS ANGELES, CA 90071**

Mailing Address

**633 W. 5TH STREET
52ND FLOOR
LOS ANGELES, CA 90071**

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
95-4295824

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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	P
NAME	BALLOU, KEVIN
STREET ADDRESS	633 WEST 5TH ST 52ND FLOOR
CITY- ST- ZIP	LOS ANGELES, CA 90071
TITLE	VS
NAME	IMES, BRENDA D
STREET ADDRESS	633 W. 5TH ST. 52ND FLOOR
CITY- ST- ZIP	LOS ANGELES, CA 90071
TITLE	C
NAME	PYRA, TOM
STREET ADDRESS	633 WEST FIFTH ST 52ND FLOOR
CITY- ST- ZIP	LOS ANGELES, CA 90071
TITLE	D
NAME	BEAN, JIM
STREET ADDRESS	633 WEST FIFTH ST 52ND FLOOR
CITY- ST- ZIP	LOS ANGELES, CA 90071
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/15/04-80094-003 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2004 (847)304-5800