05/22/2001 16:14 2053142400 COMFORT INN
MAY-22-2001 08:48 FROM:LUSTER 510-587-0738

FILED
May 30, 2001 8:00 am
Secretary of State
05-30-2001 90036 034 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003110

1. Entity Name: LUSTER NATIONAL, INC.

Principal Place of Business | Mailing Address

C0070617

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3571 County Road 218	P. O. Box 58
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Middleburg	City & State: Oakland
Zip: 32068 Country: U.S.A.	Zip: 84604-0058 Country: U.S.A.

4. FEI Number: 68-0210418 ☐ 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
Name: Ralph Elliott
Street Address (P.O. Box Number is Not Acceptable): 3571 County Road 218
City: Middleburg FL Zip Code: 32068

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]
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)

After MAY 1, 2001 Fee will be $400.00
Check Payable to Department of State

10. 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President & CEO NAME: Robert A. Luster STREET ADDRESS: P. O. Box 58 CITY-ST-ZIP: ~~Oakland, CA 94607-0058~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: ROBERT A. LUSTER 510-622-0004 x 120
Signature and Typed or Printed Name of Signing Officer or Director | Date | Daytime Phone #