2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am Secretary of State DOCUMENT # **F99000006700** ROH, INCORPORATED OF CALIFORNIA 03-24-2000 90021 017 ***150.00 Mailing Address Principal Place of Business 3456 CAMINO DEL RIO NORTH. #201 3456 CAMINO DEL RIO NORTH. #201 SAN DIEGO CA 92108 SAN DIEGO CA 92108 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. EEI Number City & State City & State 88-0159646 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change ☐ Delete TITLE TITLE SMITH, JOHN S NAME STREET ADDRESS STREET ADDRESS 2611 JEFFERSON DAVIS HIGHWAY, #700 CITY-ST-ZIP CITY-ST-ZIP ARLINGTON VA 22202 ☐ Change ☐ Addition Delete TITLE TITLE MASSA, LAWRENCE L NAME NAME 641 LYNNHAVEN PARKWAY, #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA 23452 ☐ Change "[_]"Addition" Delete TITLE TITLE GEEB. JOSEPH T NAME NAME 3456 CAMINO DEL RIO NORTH, #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92108 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME

13. I hereby certify that the information supplied with this filling 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 anothers.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

YPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

(619)280-8100

Daytime Phone #