

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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04042007 Chg-P CR2E034 (12/06)

DOCUMENT # F99000006700 1. Entity Name ROH, INCORPORATED OF CALIFORNIA					
Principal Place of Business 3550 CAMINO DEL RIO NORTH, #302 SAN DIEGO, CA 92108			Mailing Address 3550 CAMINO DEL RIO NORTH, #302 SAN DIEGO, CA 92108		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 88-0159646 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent 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. 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOHN S 2711 JEFFERSON DAVIS HWY, #500 ARLINGTON, VA 22202 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESS, JANIS 3550 CAMINO DEL RIO N #302 SAN DIEGO, CA 92108 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janis Schaefer ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEEB, JOSEPH T 3550 CAMINO DEL RIO NORTH, #302 SAN DIEGO, CA 92108 ☐ 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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Janis Schaefer</u> Janis Schaefer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/3/07 619-280-8100 Date Daytime Phone #		