

FILED
Jan 22, 2008 8:00 am
Secretary of State

4000 -

DOCUMENT # L28378 1. Entity Name SAIPLAS CORPORATON				Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90060 004 ***158.75	
Principal Place of Business 32760 MOND LAKE LN FREMONT, CA 94555 US		Mailing Address PO BOX 7598 FREMONT, CA 94537 US			
2. Principal Place of Business - No P.O. Box # 1037 Madsen Ct.		3. Mailing Address 1037 Madsen Ct.		01152008 Chg-P CR2E034 (12/06)	
City & State Pleasanton, CA		City & State Pleasanton, CA		4. FEI Number 94-2928688	
Zip 94566		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent TSAI, JAMES T 402 13TH AVE N #A JACKSONVILLE BEACH, FL 32250			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, 2008 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			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
PD TSAI, JAMES T. 32760 MOND LAKE LANE 1037 Madsen Ct. FREMONT, CA 94555 Pleasanton, CA 94566			☐ Change ☐ Addition		
VD TSAI, NANCY LIN 32760 MOND LAKE LANE 1037 Madsen Ct. FREMONT, CA 94555 Pleasanton, CA 94566			☐ Change ☐ Addition		
D TSAI, CONNIE E 32760 MOND LAKE LN 1037 Madsen Ct. FREMONT, CA 94555 Pleasanton, CA 94566			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ 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: Nancy L. Tsai 1-15-2008 (925) 426-1177 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					