

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000315
1. Entity Name
DEL NORTE REFI, LLC

Principal Place of Business Mailing Address

2. Principal Place of Business **323 FIFTH STREET**
3. Mailing Address **323 FIFTH STREET**
Suite, Apt. #, etc.

City & State **EUREKA, CA** City & State **EUREKA, CA**

Zip **95501** Country **HUMBOLDT** Zip **95501** Country **HUMBOLDT**

MUM DO NOT WRITE IN THIS SPACE
4. FEI Number **94-3293281**
Applied For Not Applicable

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PACIFIC SEABOARD INVESTMENT COMPANY LLC 323 FIFTH STREET EUREKA, CA 95501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PACIFIC SEABOARD INVESTMENT COMPANY TWO, LLC 323 FIFTH STREET EUREKA, CA 95501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600003241355 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -05/05/00--01091--006 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Sandra Austin* **4-10-00** **(707)442-2818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

SANDRA AUSTIN, VICE PRESIDENT

CR2E083 (11/99)