## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005887

Name:

Address:

City-St-Zip:

BELCHER, JOHN A

PASADENA, CA 91101

301 EAST COLORADO BLVD., SUITE 200

Entity Name: CALIFORNIA HARDRIVES INC.

FILED Jan 12, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6910 N.W. 2ND. TERRACE BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 6910 N.W. 2ND. TERRACE BOCA RATON, FL 33487 FEI Number: 16-1658048 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LACY, WILLIAM R 6910 N.W. 2ND. TERRACE BOCA RATON, FL 33487 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LACY, WILLIAM R Name: Name: Address: 6910 N.W. 2ND. TERRACE Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LACY, DAN III Name: Address: 2110 GOLDCAMP RD. Address: City-St-Zip: COLORADO SPRINGS, CO 80906 City-St-Zip: Title: DS () Delete Title: (X) Change ( ) Addition LACY, LUCILLE A Name: BECHER, JOHAN A Name: 6910 N.W. 2ND. TERRACE 301 EAST COLORADO BLVD, SUITE 200 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: PASADENA, CA 91101 Title: VD (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM R LACY PD 01/12/2004