2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P04242

1. Entity Name
WEB SERVICE COMPANY, INC., OF CALIFORNIA

Principal Place of Business	Mailing Address
3690 REDONDO BEACH AVENUE REDONDO BEACH, CA 90278-1165 US	3690 REDONDO BEACH AVENUE REDONDO BEACH, CA 90278-1165 US

DO NOT WRITE IN THIS SPACE

03062004 No Chg-P CR2E034 (10/03)

4. FEI Number
95-1776017

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	BLOOMFIELD, WILLIAM E JR
STREET ADDRESS	3690 REDONDO BCH AVE
CITY-ST-ZIP	REDONDO BEACH, CA
TITLE	SD
NAME	BLOOMFIELD, MARGARET M.
STREET ADDRESS	3690 REDONDO BCH AVE
CITY-ST-ZIP	REDONDO BEACH, CA
TITLE	CD
NAME	BLOOMFIELD, WILLIAM E.
STREET ADDRESS	3690 REDONDO BCH AVE
CITY-ST-ZIP	REDONDO BEACH, CA
TITLE	CD
NAME	REYNOLDS, HERBERT E.
STREET ADDRESS	3690 REDONDO BCH AVE
CITY-ST-ZIP	REDONDO BEACH, CA
TITLE	ASD
NAME	HUNTER, JOANNE B.
STREET ADDRESS	3690 REDONDO BCH AVE
CITY-ST-ZIP	REDONDO BEACH, CA
TITLE	VD
NAME	HUNTER, JAMES L.
STREET ADDRESS	3690 REDONDO BCH AVE
CITY-ST-ZIP	REDONDO BCH, CA

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04/29/04-80111-007 150.00

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12. 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 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: ✓ _____ 4-26-04 310-297-9483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #