2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State **DOCUMENT #** P07411 1. Entity Name THE ROBERT D. OLSON, CORPORATION 05-27-2002 90499 039 ***158.75 Principal Place of Business Mailing Address 2955 MAIN STREET 2955 MAIN STREET THIRD FLOOR THIRD FLOOR IRVINE CA 92614 IRVINE CA 92614 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 33-0054711 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENENDEZ, IRENE Street Address (P.O. Box Number is Not Acceptable) 3115 S.W. 27TH STREET **MIAMI FL 33133** Zip Code Fi 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete CR2E034 (9/01) TITLE ☐ Change Addition NAME OLSON, ROBERT D NAME STREET ADDRESS 4955 VIA DEL CERRO STREET ADDRESS CITY-ST-ZIP YORBA LINDA CA 92886 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME REYLING, DENNIS P NAME STREET ADDRESS 1 CROSSCREEK STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP <u>Irvine</u> ca TITLE Delete TITLE VTD Change ☐ Addition NAME NAME **BUCK, JACKIE L** STREET ADDRESS STREET ADDRESS 19772 HIGHRIDGE HWY. CITY-ST-7IP CITY-ST-ZIP TRABUCO CANYON CA ☐ Delete TITLE ☐ Change ☐ Addition NAME CERVANTES, JOSEPH G NAME STREET ADDRESS 411 S. WINDMILL LANE STREET ADDRESS CITY-ST-ZIP ANAHEIM CA CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS

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 11 or Block 12 if changed, or on an attachment with a s, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED