2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07411

1. Entity Name
THE ROBERT D. OLSON, CORPORATION



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90103 001 ***158.75

2855 MAIN STREET THIRD FLOOR IRVINE CA 32614 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Street Address of New Registered Agent Name MENENDEZ, IRENE 3115 S.W. 27TH STREET MIAMI FL 33133 City FL Zip Codo 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 TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 CITY STATE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SINET ADDRESS CITY STAP VORBA LINDA CA 92886 CITY STAP OVER ADDRESS CITY STAP VORBA LINDA CA 92886 CITY STAP MAKE		of Rusiness						
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4, FEI Number 33-0054711 Applicable Applicable Zip Country Zip Country 5, Certificate of Status Desired 38.75 Additional Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENENDEZ, IRENE 3115 S.W. 27TH STREET MIAMI FL 33133 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 Synature, typed or printed name of registered agent and table a sprincable. (NOTE. Registered Agent synature resurred when remotating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 SIREET ADDRESS OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEO OFFICERS AND DIRECTORS SIREET ADDRESS OUT-51-ZP OVRBA LINDA CA 92886 TITLE AMME AMME Addition NAME PREYUNG, DENNIS P			2955 MAIN STREET THIRD FLOOR IRVINE CA 92614					
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Zip Country Zip Country 5. Certificate of Status Desired \$\frac{\text{\$8.75 Additional}}{\text{\$8.75 Additional}}\$ - 6. Name and Address of Current Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 13 0

949-474-2001

Daytime Phone #