

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13619

FILED
Jan 19, 2007
Secretary of State

Entity Name: INQUIP ASSOCIATES, INC.

Current Principal Place of Business:

2100 ANACAPA ST.
SANTA BARBARA, CA 93105

New Principal Place of Business:

Current Mailing Address:

PO BOX 2182
SANTA BARBARA, CA 93120

New Mailing Address:

FEI Number: 95-3103923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HENSGEN, OSCAR E.,
Address: 2100 ANACAPA ST.
City-St-Zip: SANTA BARBARA, CA 93105

Title: S () Delete
Name: HENSGEN, ELIZABETH J.,
Address: 2100 ANACAPA ST.
City-St-Zip: SANTA BARBARA, CA 93105

Title: VD () Delete
Name: NAMY, DOMINIQUE L
Address: 1001 GELSTON CIRCLE.
City-St-Zip: MCLEAN, VA 22102

Title: VD () Delete
Name: TILTGES, DANIEL J.,
Address: 711 W. BURNINGTREE LANE
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR E. HENSGEN

PTD

01/19/2007

Electronic Signature of Signing Officer or Director

Date