## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 25, 2002 8:00 am **DOCUMENT # P15846** H.P.S.I., INC. 3 aba H. P.S.I. **Secretary of State** 02-25-2002 90036 021 \*\*\*\*61.25 NOTA NAME CHANGE Principal Place of Business Mailing Address 1360 REYNOLDS AVENUE -1380 REYNOLDS AVENUE SUITE 101 SUITE 101 IRVINE CA 92714 IRVINE CA 92714 US 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 Applied For 4. FEI Number 95-2893718 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing Œ \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) Delete TITLE TITLE ☐ Addition PERRON, WILLIAM E. NAME NAME 3231 Marywood Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE CA CITY-ST-ZIP TSD WHITESIDES JAMES B. 19256 JASPER HILL RD ☐ Addition TITLE ✓ Delete TITLE Change WHITESIDES, JAMES B. NAME NAME 19256 JASPER HILL RD STREET ADDRESS STREET ADDRESS TRABUCO CANYON, CA CITY-ST-ZIP TRABUCO CANYON CA CITY-ST-ZIP CD. ☐ Addition TITLE ☐ Delete LINDAHL, BLAINE G. NAME NAME 19485 JASPER HILL RD STREET ADDRESS STREET ADDRESS TRABUCOCANYON CA CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Larsen, Erik NAME NAME 19292 JASPER HILL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TRABUCIO CANYON CA CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE LINDAHL, DAVID E NAME NAME 2327 VIA ZAFIRO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN CELEMENTE CA 92673 CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE Change LINDONL KIRKMAN 25672 EDSTWIND DR. LINDAHL, KIRKMAN NAME NAME 25672 EASTWIND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANA POINT CA 92629

12. I hereby certify that the information supplied with this filling 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

EDKIRKMAN LINDAHL

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if