

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17793

Entity Name: LOCKWOOD & HOLMES, INC.

FILED  
Jul 10, 2006  
Secretary of State

**Current Principal Place of Business:**

IEC  
3563 PHILLIPS HWY  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**New Mailing Address:**

IEC ATTEN:JIM MATHIS  
2201 DUPONT DRIVE, SUITE 800  
IRVINE, CA 92612

**Current Mailing Address:**

IEC ATTEN:PAT DECOURSEY  
2201 DUPONT DRIVE, SUITE 800  
IRVINE, CA 92612

FEI Number: 58-1147879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DECOURSEY, PATRICK  
Address: 2201 DUPONT DRIVE, #800  
City-St-Zip: IRVINE, CA 92612

Title: CFO ( ) Delete  
Name: COEN, PAULENE  
Address: 2201 DUPONT DRIVE, #800  
City-St-Zip: IRVINE, CA 92612

Title: S ( ) Delete  
Name: DERMAN, HOWARD  
Address: 2201 DUPONT DRIVE, #800  
City-St-Zip: IRVINE, CA 92612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MATHIS, JAMES  
Address: 2201 DUPONT DRIVE, #800  
City-St-Zip: IRVINE, CA 92612

Title: C (X) Change ( ) Addition  
Name: ARMSTRONG, GERALD  
Address: 2201 DUPONT DRIVE, #800  
City-St-Zip: IRVINE, CA 92612

Title: S (X) Change ( ) Addition  
Name: MIN, DOUGLAS  
Address: 2201 DUPONT DRIVE, #800  
City-St-Zip: IRVINE, CA 92612

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: DOUGLAS D. MIN

P

07/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date