

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17793

Entity Name: LOCKWOOD & HOLMES, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

IEC
3563 PHILLIPS HWY
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

220 COMMERCE
250
IRVINE, CA 92602

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: M () Delete
Name: PAULSON, JANIS
Address: 2201 DUPONT DRIVE #800
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FATERI, FARDAD
Address: 220 COMMERCE SUITE 250
City-St-Zip: IRVINE, CA 92602

Title: S (X) Change () Addition
Name: MIN, DOUGLAS
Address: 220 COMMERCE SUITE 250
City-St-Zip: IRVINE, CA 92602

Title: M (X) Change () Addition
Name: PAULSON, JANIS
Address: 220 COMMERCE SUITE 250
City-St-Zip: IRVINE, CA 92602

I hereby certify that the information supplied with this filing does not qualify 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 MIN

S

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date