

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90775 001 ***317.50

DOCUMENT # P20743

1. Entity Name

WHEREHOUSE SUBSIDIARY III CO., INC.

Principal Place of Business

**19701 HAMILTON AVE
 TORRENCE CA 90502
 US**

Mailing Address

**19701 HAMILTON AVE
 TORRENCE CA 90502
 US**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TORRANCE, CA

City & State

TORRANCE, CA

Zip

90502

Country

US

Zip

90502

Country

US

4. FEI Number

58-1805603

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

N/A

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, ANTONIO II	
STREET ADDRESS	19701 HAMILTON AVE	
CITY-ST-ZIP	TORRENCE CA 90502	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	FEUERTSCH, CHARLES M	
STREET ADDRESS	19701 HAMILTON AVE	
CITY-ST-ZIP	TORRENCE CA 90502	
TITLE	VPGC	<input type="checkbox"/> Delete
NAME	STRAUSS, PAUL	
STREET ADDRESS	19701 HAMILTON AVE	
CITY-ST-ZIP	TORRENCE CA 90502	
TITLE	VPOA	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, MARK D	
STREET ADDRESS	19701 HAMILTON AVE	
CITY-ST-ZIP	TORRENCE CA 90502	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELARDE, MARK A	
STREET ADDRESS	19701 HAMILTON AVE	
CITY-ST-ZIP	TORRENCE CA 90502	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, ANTONIO G II	
STREET ADDRESS	19701 HAMILTON AVE	
CITY-ST-ZIP	TORRENCE CA 90502	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY GAINES	
STREET ADDRESS	19701 HAMILTON AVE	
CITY-ST-ZIP	TORRENCE CA. 90502	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature

CHARLES FUERTSCH

01-28-02

(310) 965-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SVPT + U-GENERAL COUNCIL

Daytime Phone #

CR2E034 (9/01)