2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P22005

US

1. Entity Name PAC ORD INC.



FILED Feb 16, 2004 08:00 AM Secretary of State

Principal Place of Business

2427 HOOVER AVENUE NATIONAL CITY, CA 91950 Mailing Address

2427 HOOVER AVENUE NATIONAL CITY, CA 91950

US



02102004

No Chg-P

CR2E034 (10/03)

Feb 10, 2004

Daytime Phone #

4. FEI Number 23-2523436

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		•	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAWKS, DOUGLAS I 122 WEST 24TH STREET NATIONAL CITY, CA 91950			U00000053316 02/16/04-80128-002 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D3 LANZA, FRANK C 600 THIRD AVENUE NEW YORK, NY 10016		32. 10. 01. 00120 002 136. 00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPENTA, ROBERT V 600 THIRD AVENUE NEW YORK, NY 10016		DO NOT WRITE IN THIS SPACE		
THILE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAMBRIA, CHRISTOPHER C 600 THIRD AVENUE NEW YORK, NY 10016	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, LEO J 13500 ROOSEVELT BLVD PHILADELPHIA, PA 19116				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT O'BRIEN, LAWRENCE W 600 THIRD AVENUE NEW YORK, NY 10016				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas I. Hawks, President