## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P24927** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** ALATEC PRODUCTS, INC. 03-28-2000 90065 012 \*\*\*150.00 Mailing Address Principal Place of Business 21123 NORDHOFF STREET 21123 NORDHOFF STREET **CHATSWORTH CA 91311-5816** CHATSWORTH CA 91311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1 Annual 13 #1 Success Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-2748943 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FI 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change \_\_\_ Addition TITLE ☐ Delete TITI F LIST, DONALD NAME NAME STREET ADDRESS 5366 WELLESLEY DRIVE STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FONTANA, BRIAN NAME 10375 RICHMOND AVE SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77042** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TATEN, BRUCE M NAME 10375 RICHMOND AVE SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77042** AS Addition Delete TITLE ☐ Change TITLE PERL, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 9841 AMESTOY AVENUE CITY-ST-ZIP CITY-ST-ZIP **NORTH RIDGE CA 91325** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

818 127-7800

Daytime Phone #