2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90061 027 ***150.00

DOCUMENT # P25910

1. Entity Name

M. E. V. CORPORATION

Principal Place of Business	Mailing Address
22020 MT. EDEN RD., SARATOGA CA 95070	22020 MT. EDEN RD., SARATOGA CA 95070-9729

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 94-2239356 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYON, ROLF 12805 FOSS GROVE PATH INGLIS FL 34449	Name Street Address (P.O. Box Number is Not Acceptable) City **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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PATTERSON F. JEFFREY		NAME		
STREET ADDRESS	22020 MT EDEN		STREET ADDRESS		
CITY-ST-ZIP	SARATOGA CA		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SUTHERLAND, DOUG		NAME		
STREET ADDRESS	6001 POWER INN RD		STREET ADDRESS		
CITY-ST-ZIP	SACRAMENTO CA		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PATTERSON, ELEANOR DAVIS		NAME		
STREET ADDRESS	22020 MT. EDEN RD.		STREET ADDRESS		
CITY-ST-ZIP	SARATOGA CA		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PATTERSON, F. JEFFREY		NAME		
STREET ADDRESS	22020 MT. EDEN RD.		STREET ADDRESS		
CITY-ST-ZIP	SARATOGA CA		CITY-ST-ZIP		
TITLE	DC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAGEN, D. NEIL		NAME		
STREET ADDRESS	6001 POWER INN RD.		STREET ADDRESS		
CITY-ST-ZIP	SACRAMENTO CA		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DR. ERNEST		NAME		
STREET ADDRESS	450 HOPKINS		STREET ADDRESS		
CITY-ST-ZIP	SACRAMENTO CA		CITY-ST-ZIP		

CR2E034 (9/99)

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: Eleanor Patterson ELEANOR DAVIS PATTERSON 2/21/00 408 867-5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #