



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90095 031 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

70052069

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P27185 | | | |  | |
| 1. Entity Name HOLMES & NARVER, INC. | | | | | |
| Principal Place of Business 999 TOWN & COUNTRY ROAD ORANGE, CA 92868 US | | Mailing Address 999 TOWN & COUNTRY ROAD ORANGE, CA 92868 US | | | |
| 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 95-1599514 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | Additional Fee Required \$8.75 | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ | | | | DATE _____ | |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> | | | | <small>DATE</small> | |
| FILE NOW! FEE IS \$150.00 From May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, CRAIG B 999 TOWN & COUNTRY RD ORANGE, CA 928684786 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director, President Craig B. Smith | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST SMITH, DOUGLAS D 999 TOWN AND COUNTRY RD. ORANGE, CA | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, Asst. Secretary, Director Douglas D. Smith | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATAS DESLATTE, DENNIS A 999 TOWN AND COUNTRY RD ORANGE, CA | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, Controller, Treasurer Dennis A. Deslatte | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOD LEVINE, DARRYL J 999 TOWN & COUNTRY RD. ORANGE, CA 928684786 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, CFO Thomas A. Joldersma 515 S. Flower St. Los Angeles, CA 90071 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BOVAL, LAWRENCE 999 TOWN & COUNTRY RD ORANGE, CA | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asst. Secretary, Senior VP Director Lawrence S. Boval | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STEINKE, PAUL D 999 TOWN & COUNTRY RD ORANGE, CA 92868 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, Secretary Robyn L. Miller 515 S. Flower Street Los Angeles, CA 90071 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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. | | | | | |
| SIGNATURE:  | | | Date: 4/24/03 Daytime Phone #: 213-543-8186 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robyn L. Miller, Secretary | | | | | |

CR2E034 (10/02)

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P27185

HOLMES & NARVER, INC.
999 Town & Country Road
Orange, CA 92868

OFFICERS

| | |
|---------------------|-----------------------------|
| Craig B. Smith | President |
| Paul D. Steinke | Corporate VP |
| Raymond A. Landy | Executive VP |
| Lawrence S. Boval | Senior VP, Asst. Secretary |
| Thomas A. Joldersma | VP, Chief Financial Officer |
| Dennis A. Deslatte | VP, Controller, Treasurer |
| Robyn L. Miller | VP, Secretary |
| Douglas D. Smith | VP, Asst. Secretary |

DIRECTORS

Lawrence S. Boval
Craig B. Smith
Douglas D. Smith