2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # P29678** SKALLI CORPORATION 01-26-2001 90124 015 ***150.00 Principal Place of Business Mailing Address 8440 ST. HELENA HWY. P. O. BOX 38 **RUTHERFORD CA 94573** RUTHERFORD CA 94573 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 94-2830523 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA ST. TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 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, 2001 Fee will be \$550,00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Addition TITLE SKALLI, ROBERT NAME NAME 912 RTE DE MONTEPELLIER STREET ADDRESS STREET ADORESS CITY-ST-7IP 34200 SETE, FRANCE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SKALLI, ALBERT NAME NAME 143 ROUTE DES 3 LUCS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13012 MARSEILLE, FRANCE CITY-ST-ZIP TITLE Delete --TITLE ☐ Change ☐ Addition SKALLI, BERNARD NAME NAME 145 AVENUE DE MALAKOFF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 75116 PARIS, FRANCE CITY-ST-ZIP Delete TITLE Change ☐ Addition RODENO, MICHAELA NAME NAME 7878 MONEY ROAD STREET ADDRESS STREET ADDRESS **NAPA CA 94558** CITY-ST-ZIP CITY-ST-ZIP SPELLING A Change TITLE ☐ Delete TITLE ☐ Addition OTTERBACK, STEVEN M NAME NAME OTTERBECK, STEVEN M 21735 DRY CREEK CUT OFF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLETOWN CA 95461 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this fiting 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 flue 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 of 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: