2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90011 001 ***100.00
05-11-2000 90011 002 ****50.00

DOCUMENT # P-31761

1. Entity Name
GENEVA CORPORATION OF CALIFORNIA

Principal Place of Business	Mailing Address
5 Park Plaza Ste 1900 Irvine, CA 92614-8503 US	5 Park Plaza Suite 1900 Irvine, CA 92614-8503 US

2. Principal Place of Business	3. Mailing Address
	5 Park Plaza, Ste 1900
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Legal Department
City & State	City & State Irvine, CA 92614-8503
Zip / Country	Zip / Country 92614-8503 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3190720
☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 $650.00
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 / NAME / STREET ADDRESS / CITY - ST - ZIP	P KUHN, ROBERT L. 5 Park Plaza, Suite 1900 IRVINE, CA 92614-8503 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	S RICCI, WILLIAM L. 5 PARK PLAZA, SUITE 1900 IRVINE, CA 92614-8503 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	T REIFF, ELLIOT B 5 PARK PLAZA, SUITE 1900 IRVINE, CA 92614-8503 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	D RICCI, WILLIAM L 5 PARK PLAZA, SUITE 1900 IRVINE, CA 92614-8503 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
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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: Elliot B Reiff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #