FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38919 (7) 200.00

1. Corporation Name
TBLD CORP.

Principal Place of Business: 17901 VON KARMAN, IRVINE CA 92714

Mailing Address: 17901 VON KARMAN, IRVINE CA 92714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1992
3a. Date of Last Report: 06/06/1994
4. FEI Number: 33-0499404 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 17901 Von Karman	26 17901 Von Karman
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 Irvine CA	City & State 28 Irvine CA
24 92714 25 USA	29 92714 30 USA

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of ... Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida ... I hereby accept the appointment as registered agent ...

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	P/D ☒ Change ☐ Addition
NAME	CHRONLEY, JAMES A.	NAME	OPEN
STREET ADDRESS	17901 VON KARMAN	STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	CRAIG, MAX D.	NAME	
STREET ADDRESS	17901 VON KARMAN	STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	CITY-ST-ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	MOORE, GREGORY N.	NAME	
STREET ADDRESS	17901 VON KARMAN	STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	CITY-ST-ZIP	
TITLE	V	TITLE	VTD ☒ Change ☐ Addition
NAME	BASSI, PETER A.	NAME	Richard Goodman
STREET ADDRESS	17901 VON KARMAN	STREET ADDRESS	17901 Von Karman
CITY-ST-ZIP	IRVINE CA	CITY-ST-ZIP	Irvine CA 92714
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	GIRVIN, ROBERT J.	NAME	
STREET ADDRESS	17901 VON KARMAN	STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Gregory N Moore 4/27/95 714-863-4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0482809 FP