

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 30 1998 8:00am
Secretary of State

DOCUMENT # **P38966**

(8)

1. Corporation Name

ARB, INC. OF CALIFORNIA



Principal Place of Business

**14409 PARAMOUNT BLVD
PARAMOUNT CA 90723**
US *SEE BELOW*

Mailing Address

**14409 PARAMOUNT BLVD
PARAMOUNT CA 90723**
US *SEE BELOW*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1992

4. FEI Number
95-2159777

Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **26000 COMMERCE CENTRE DR.**
Suite, Apt. #, etc.

22 City & State
23 **LAKE FOREST, CA**

24 Zip **92630** 25 Country **US**

2a. Mailing Address

26 **P.O. BOX 5166**
Suite, Apt. #, etc.

27 City & State
28 **LAKE FOREST, CA**

29 Zip **92630** 30 Country **US**

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **PRATT, BRIAN E.**
STREET ADDRESS **1255 TAM O'SHANTER**
CITY-ST-ZIP **BAKERSFIELD CA**

TITLE **V**
NAME **FREDENBURG, JOHN R.**
STREET ADDRESS **14409 PARAMOUNT BLVD**
CITY-ST-ZIP **PARAMOUNT CA**

TITLE **TS**
NAME **SCHAUERMAN, JOHN P.**
STREET ADDRESS **14409 PARAMOUNT BLVD**
CITY-ST-ZIP **PARAMOUNT CA**

TITLE **CFO**
NAME **BIEBRICH, EDWARD**
STREET ADDRESS **14409 PARAMOUNT BLVD**
CITY-ST-ZIP **PARAMOUNT CA**

TITLE **V**
NAME **SIMONSON, IRA R.**
STREET ADDRESS **3913 EVELYN DRIVE**
CITY-ST-ZIP **BAKERSFIELD CA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **PRATT, BRIAN E.**
1.3 STREET ADDRESS **26000 COMMERCE CENTRE DR.**
1.4 CITY-ST-ZIP **LAKE FOREST, CA 92630**

2.1 TITLE **SVP** ☒ Change ☐ Addition
2.2 NAME **FREDENBURG, JOHN R.**
2.3 STREET ADDRESS **26000 COMMERCE CENTRE DR.**
2.4 CITY-ST-ZIP **LAKE FOREST, CA 92630**

3.1 TITLE **TS** ☒ Change ☐ Addition
3.2 NAME **SCHAUERMAN, JOHN P.**
3.3 STREET ADDRESS **26000 COMMERCE CENTRE DR.**
3.4 CITY-ST-ZIP **LAKE FOREST, CA 92630**

4.1 TITLE **CORP. G.C.** ☐ Change ☒ Addition
4.2 NAME **PERISICH, JOHN M.**
4.3 STREET ADDRESS **26000 COMMERCE CENTRE DR.**
4.4 CITY-ST-ZIP **LAKE FOREST, CA 92630**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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]*

[Signature]

9/21/98

649-454-7162

CR2E034 (5/98)