

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P38966 1. Entity Name ARB, INC. OF CALIFORNIA	
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Principal Place of Business 26000 COMMERCENTRE DR LAKE FOREST, CA 92630 US	Mailing Address PO BOX 5166 LAKE FOREST, CA 92630 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2159777	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____

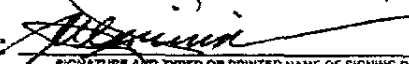
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRATT, BRIAN E. 26000 COMMERCENTRE DR LAKE FOREST, CA 99263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THEEUWES, ALFONS 26000 COMMERCENTRE DR. LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCHAUERMAN, JOHN P 26000 COMMERCENTRE DR LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CGC PERISICH JOHN M 26000 COMMERCENTRE DR LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/04-80019-018 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/8/04 949.454.7111 Daytime Phone #
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