

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # P38966

1. Entity Name
ARB, INC. OF CALIFORNIA



Principal Place of Business
26000 COMMERCENTRE DR
LAKE FOREST, CA 92630 US

Mailing Address
PO BOX 5166
LAKE FOREST, CA 92630 US



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PRATT, BRIAN E.
STREET ADDRESS 26000 COMMERCENTRE DR
CITY-ST-ZIP LAKE FOREST, CA 99263

TITLE CFO
NAME THEEUWES, ALFONS
STREET ADDRESS 26000 COMMERCENTRE DR.
CITY-ST-ZIP LAKE FOREST, CA 92630

TITLE TS
NAME SCHAUERMAN, JOHN P
STREET ADDRESS 26000 COMMERCENTRE DR
CITY-ST-ZIP LAKE FOREST, CA 92630

TITLE CGC
NAME PERISICH JOHN M
STREET ADDRESS 26000 COMMERCENTRE DR
CITY-ST-ZIP LAKE FOREST, CA 92630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000790695
01/23/08-80045-007 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

John M. Perisich

1/17/08

Date

Daytime Phone #