## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DCCUMENT # P39624

Entity Name

Principal Place of Business

## MCKINLEYVILLE INVESTMENTS, INC.

323 FIFTH ST EUREKA CA 95501 US  2. Principal Place of Business		P.O BOX 35 EUREKA CA 95502-0035 US								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			. DO NOT WRITE IN THIS SPACE				
City & State	e	City & State	City & State		4.	FEI Number 92-0141645	Applied For Not Applicable			]
Zip	Country	Zip	Zip Count						75 Additional Required	
	6. Name and Address of Curren	t Registered Agent			7. 1	Name and Address of New Regis	tered Agent			1
				Name		<u></u>				1
	PRENTICE-HALL CORPORATION HAYES ST., SUITE 105	SYSTEM, INC.	STEM, INC.		Street Address (P.O. Box Number is Not Acceptable)					
	AHASSEE FL 32301							n Code		-
				City			FL   z	ip Code	3	
8. The above	named entity submits this statement f	for the purpose of changing its	registere	ed office or	registered ag	ent, or both, in the State of Florida	l.	_		
SIGNATURE.	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registere	d Agent signate	ire required when re	einstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			Election Campaign Finance     Trust Fund Contribution.	ing		O May Be to Fees	
11.	OFFICERS AND		12.			L DDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS	SIN 11	1
TITLE	PCD	☐ Delete	TITLE					hange	Addition	18
NAME	ARKLEY, ROBIN P., II		NAM	E						9
STREET ADDRESS	323 FIFTH ST		STRE	ET ADDRESS						3
CITY-ST-ZIP	EUREKA CA 95501		CITY	-ST-ZIP						֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
TITLE	VP	☐ Delete			EXECUT	XECUTIVE VICE PRESIDEN		Change	Addition	2
NAME	MENDHEIM, JACK		NAM	E						
STREET ADDRESS	11911 JUSTICE AVE.			ET ADDRESS						
CITY-ST-ZIP	BATON ROUGE LA		CITY	- ST-ZIP		<del></del>				4
TITLE	S	☐ Delete	TITLE				□ 0	Change	Addition	
NAME	ARKLEY, ROBIN P. II		NAM							
STREET ADDRESS	323 FIFTH ST			ET ADDRESS - ST- ZIP						
CITY-ST-ZIP	EUREKA CA 95501				MICE D	DECIDENT	VW o		[] a a ata:	┨
TITLE	SVP	∑ Delete	TITLE NAM			RESIDENT AUSTIN	<b>X_X</b> 0	mange	Addition Addition	1
NAME STREET ADDRESS	LEAL, LENDA M			ET ADDRESS		FTH STREET				
CITY-ST-ZIP	605 4TH ST EUREKA CA 95501			-ST-ZIP		, CA 95501				
	EDUCKA ON 20001		TITLE		EUKEKA	10ננק אט פ		Change	Addition	1
TITLE		☐ Delete	NAM				<u></u> v	ungo	Addition	
NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			•	-ST-ZIP						Ì
		Delete	TITLE					hange	☐ Addition	1
TITLE NAME		rm Detets	NAM				L,			
STREET ADDRESS				ET ADDRESS						

CITY-ST-ZIP

s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tule this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4/10/00

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90049 022 \*\*\*150.00

(707) 442-2818 Daytime Phone #

13. I hereby certify that the information supplied with this filling does indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee.

SIGNATURE: