

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90085 048 \*\*\*150.00

**DOCUMENT # P40265**

1. Entity Name  
**NORFOLK MAINTENANCE CORP**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>ONE ENTERPRISE DR</b> Suite, Apt. #, etc. <b>F2B</b> City & State <b>ALISO VIEJO, CA</b> Zip <b>92656</b> Country <b>US</b>		3. Mailing Address <b>ONE ENTERPRISE DR</b> Suite, Apt. #, etc. <b>F2B</b> City & State <b>ALISO VIEJO, CA</b> Zip <b>92656</b> Country <b>US</b>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>33-0432280</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>NRAI SERVICES, INC</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>526 EAST PARK AVE</b>	
City <b>TALLAHASSEE</b>	FL Zip Code <b>32301</b>

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT R.G. PETERSON ONE ENTERPRISE DR. ALISO VIEJO, CA 92656</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO D.M. STEUERT ONE ENTERPRISE DR. ALISO VIEJO, CA 92656</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY L.N. FISHER ONE ENTERPRISE DR. ALISO VIEJO, CA 92656</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASST. TREASURER MINI C. TSENG ONE ENTERPRISE DR. ALISO VIEJO, CA 92656</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR L.N. FISHER ONE ENTERPRISE DR. ALISO VIEJO, CA 92656</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: <b>MINI C. TSENG</b>	Date: <b>4/02/02</b>	Signature Phone: <b>949-349-6091</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/01)