

**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

067913X

DOCUMENT # P95000060625

1. Entity Name  
**ORNDA FMC, INC.**

00 MAY -1 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3820 STATE STREET SANTA BARBARA CA 93105</b>	Mailing Address <b>C/O MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105-3112</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0638327</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>400003258654--3 -05/19/00--01012--020 ****150.00 ****150.00</b>			
				City			

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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FOCHT, MICHAEL H SR.</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA CA 93105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Thomas B. Mackey</b> <b>3820 State Street</b> <b>santa Barbara, CA 93105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>SILVER, RICHARD B</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA CA 93105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>FETTER, TREVOR</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA CA 93105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>LARSEN, CAITLIN M</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA CA 93105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LUNDGREN, ALAN</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA CA 93105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Dennis L. Dent</b> <b>3820 State Street</b> <b>Santa Barbara, CA 93105</b>
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Caitlin Larsen* Asst. Secretary 4/12/00 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)