

1. Entity Name
ORNDA FMC, INC.

04 MAR -3 PM 3: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

01052004 Chq-P CR2E034 (10/03)

4. FEI Number	Applied For
65-0638327	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FI

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	P	<input type="checkbox"/> Delete
NAME	STEIGMAN, DONALD S	
STREET ADDRESS	500 W. CYPRESS CREEK ROAD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	

TITLE	DVS	 Delete
NAME	SILVER, RICHARD B	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	

TITLE	AS	 Delete
NAME	LARSEN, CAITLIN M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	

TITLE	T	<input type="checkbox"/> Delete
NAME	DENT, DENNIS L	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000029822310
STREET ADDRESS	03/03/04--01062--001 17636.25
CITY-ST-ZIP	

TITLE	Director/Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Caitlin M. Larsen		
STREET ADDRESS	3820 State Street		
CITY-ST-ZIP	Santa Barbara, CA 93105		

TITLE	Asst. Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Kristina A. Mack		
STREET ADDRESS	3820 State Street		
CITY-ST-ZIP	Santa Barbara CA 93105		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____