

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 06, 2001 08:00 AM
Secretary of State

DOCUMENT # 855548

1. Entity Name
I.T.S. CORPORATION

| | |
|--|---|
| Principal Place of Business 2300 ALESSANDRO DR STE 215 VENTURA CA 93002 | Mailing Address PO BOX 1148 STE 215 VENTURA CA 93002 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

4. FEI Number
95-3049194

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

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

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MILNE, D. J. 4594 LEXINGTON AVE. #100 JACKSONVILLE FL 32210 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ DATE **09/06/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | YDS PETER CAMBIER <input type="checkbox"/> Delete 2300 ALESSANDRO DR 215 VENTURA CA | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CARRANZA ROSANNE <input type="checkbox"/> Delete 2300 ALASSANDRO DR 215 VENTURA CA | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CARRANZA ROSANNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2300 ALASSANDRO DR 215 VENTURA CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YOUNG PETER <input type="checkbox"/> Delete 2300 ALESSANDRO DR 215 VENTURA CA | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD EGERMEIER PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2300 ALESSANDRO DR 215 VENTURA CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CROTHERS, BRUCE H. <input type="checkbox"/> Delete 2300 ALESSANDRO DR 215 VENTURA CA | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: PETER CAMBIER CFO Date 09/06/2001

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

CR2E034 (11/00)