

1/25

01-25-2001 90163 001 ***317.50

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004892

1. Entity Name
WHEREHOUSE SUBSIDIARY I CO., INC.

63866

Principal Place of Business
 19701 HAMILTON AVE
 TORRENCE CA 90502

Mailing Address
 19701 HAMILTON AVE
 TORRENCE CA 90502
 US



2. Principal Place of Business *Same as Above* 3. Mailing Address *Same as Above*



DO NOT WRITE IN THIS SPACE

City & State
TORRENCE, CA

City & State
TORRENCE, CA

4. FEI Number **75-1438662**

Applied For
 Not Applicable

Zip Country

Zip Country

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

CORPORATION SERVICE COMPANY
 1201 HAYS ST
 STE. 105
 TALLAHASSEE FL 32301

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 *[Signature]* DATE

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	P	<input type="checkbox"/> Delete
NAME	ANTONIO C. ALVAREZ, II	
STREET ADDRESS	19701 Hamilton Ave.	
CITY-ST-ZIP	TORRENCE, CA. 90502	
TITLE	SVP, T	<input type="checkbox"/> Delete
NAME	CHARLES M FUERTSCH	
STREET ADDRESS	19701 Hamilton Ave.	
CITY-ST-ZIP	TORRENCE, CA. 90502	
TITLE	VPGC	<input type="checkbox"/> Delete
NAME	PAUL STRAUSS	
STREET ADDRESS	19701 Hamilton Ave.	
CITY-ST-ZIP	TORRENCE, CA. 90502	
TITLE	VP, O+A	<input type="checkbox"/> Delete
NAME	MARK D. ALVAREZ	
STREET ADDRESS	19701 Hamilton Ave	
CITY-ST-ZIP	TORRENCE, CA. 90502	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONIO C. ALVAREZ, II	
STREET ADDRESS	19701 Hamilton Ave.	
CITY-ST-ZIP	TORRENCE, CA 90502	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARK A. VELARDE	
STREET ADDRESS	19701 Hamilton Ave.	
CITY-ST-ZIP	TORRENCE, CA 90502	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL STRAUSS	
STREET ADDRESS	19701 Hamilton Ave.	
CITY-ST-ZIP	TORRENCE, CA 90502	
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		

CR2E034 (10/00)

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: *[Signature]*

1-10-01 410-965-8319