

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K36262

COM. INC.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 JUN -9 PM 12:19

|   |   |
|---|---|
| Place of Business<br>RIDGE ROUTE DRIVE<br>LAGUNA HILLS CA 92653 | Mailing Address<br>24461 RIDGE ROUTE DRIVE<br>SUITE 200<br>LAGUNA HILLS CA 92653-1686 |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| Place of Business<br>2030 Main Street<br>Suite 150<br>Irvine CA<br>92614 | 3. Mailing Address<br>2030 Main Street<br>Suite 150<br>Irvine CA<br>92614 |
|--|---|

|   |  |
|---|--|
| 4. FEI Number<br>33-0857311                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
 526 E. PARK AVENUE  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2000, 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

| OFFICERS AND DIRECTORS  |                                 |  |
|---|---------------------------------|--|
| D<br>DUNNING, HORST<br>24461 RIDGE ROUTE DRIVE, SUITE 200<br>LAGUNA HILLS CA 92653    | <input type="checkbox"/> Delete |  |
| PD<br>BARTAK, KLAUSE<br>24461 RIDGE ROUTE DRIVE, SUITE 200<br>LAGUNA HILLS CA 92653   | <input type="checkbox"/> Delete |  |
| CFO<br>WALLACE, FRED.<br>24461 RIDGE ROUTE DRIVE, SUITE 200<br>LAGUNA HILLS CA 92653  | <input type="checkbox"/> Delete |  |
| D<br>FRANCISCO, EMILIO<br>24461 RIDGE ROUTE DRIVE, SUITE 200<br>LAGUNA HILLS CA 92653 | <input type="checkbox"/> Delete |  |
| S<br>MARTINEZ, DEBRA<br>24461 RIDGE ROUTE DRIVE, SUITE 200<br>LAGUNA HILLS CA 92653   | <input type="checkbox"/> Delete |  |
|   | <input type="checkbox"/> Delete |  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|---|---|--|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition | Misspelled name -<br>Should be Danning, Horst<br>2030 Main St. #150, Irvine CA 92614 |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 400003296534<br>-06/20/00-01024-023<br>***150.00 ***150.00                           |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition | AD   |

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: *Debra Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 949-838-0111  
Date Daytime Phone #