


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT #P14421 1. Entity Name FACILITY MERCHANDISING, INC.	
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Principal Place of Business FACILITY MERCHANDISING INC. 5959 TOPANGA CYN #125 WOODLAND HILLS, CA 91367 US	Mailing Address FACILITY MERCHANDISING INC. 5959 TOPANGA CYN #125 WOODLAND HILLS, CA 91367 US
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01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-3639471	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARENSON, MILTON 5959 TOPANGA CYN BLVD., STE 125 WOODLAND HILLS, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARENSON, ROBERT 5959 TOPANGA CYN BLVD., STE. 125 WOODLAND HILLS, CA 91367
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03/21/05-80006-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON ARENSON  3-17-05 818 703-6690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #