2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P25910** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** M. E. V. CORPORATION 02-26-2000 90061 027 ***150.00 Principal Place of Business Mailing Address 22020 MT. EDEN RD.. 22020 MT. EDEN RD., SARATOGA CA 95070-9729 SARATOGA CA 95070 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94-2239356 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LYON, ROLF Street Address (P.O. Box Number is Not Acceptable) 12805 FOSS GROVE PATH INGLIS FL 34449 Zip Code City FL 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. C. Back SIGNATURE 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. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. p. | U. Change ☐ Addition TITLE ☐ Delete TITLE PATTERSON F. JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 22020 MT EDEN CITY-ST-ZIP CITY-ST-ZIP SARATOGA CA ☐ Delete TITLE ☐ Addition TITLE SUTHERLAND, DOUG NAME NAME STREET ADDRESS STREET ADDRESS 6001 POWER INN RD CITY-ST-ZIP CITY-ST-ZIP SACRAMENTO.CA ☐ Addition Change ☐ Delete TITLE TITLE PATTERSON, ELEANOR DAVIS NAME NAME STREET ADDRESS STREET ADDRESS 22020 MT. EDEN RD. CITY-ST-ZIP CITY-ST-7IP SARATOGA CA Change ☐ Addition ☐ Delete TITLE TITLE NAME PATTERSON, F. JEFFREY NAME STREET ADDRESS STREET ADDRESS 22020 MT. EDEN RD. CITY-ST-ZIP CITY-ST-7IP SARATOGA CA Change Addition DC Delete TITLE HAGEN, D. NEIL NAME NAME STREET ADDRESS STREET ADDRESS 6001 POWER INN RD. CITY-ST-7IP CITY-ST-7IP SACRAMENTO CA

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

JOHNSON, DR. ERNEST

450 HOPKINS

SACRAMENTO CA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATTERSON 2/21/00

Davtime Phone #

Change

Addition