

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90041 013 \*\*\*150.00

0828147 AI

**DOCUMENT # P28894**

1. Entity Name  
**RAPID RESPONSE ROADSERVICE MOTOR CLUB, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>ATTN: DAVID RANSELL-ACCOUNTING<br/>         730 PASEO CAMARILLO. 2ND FLOOR<br/>         CAMARILLO CA 93010</b> | Mailing Address<br><b>ATTN: DAVID RANSELL-ACCOUNTING<br/>         730 PASEO CAMARILLO. 2ND FLOOR<br/>         CAMARILLO CA 93010</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>Attn: Doug Sheppard</b> | 3. Mailing Address<br><b>Attn: Doug Sheppard</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                              |

|   |              |                                       |  |
|---|--------------|---------------------------------------|--|
| City & State  | City & State | 4. FEI Number<br><b>33-0342040</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip   | Country      | Zip                                   | Country  |
| 5. Certificate of Status Desired <input type="checkbox"/> |              | <b>\$8.75</b> Additional Fee Required |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>         1201 HAYS STREET, SUITE 105<br/>         TALLAHASSEE FL 32301</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_  
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) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>EIDMAN, THAD</b><br><b>730 PASEO CAMARILLO, 2ND FL</b><br><b>CAMARILLO CA 93010</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P/D</b><br><b>Edward P. Stahel III</b><br><b>730 Paseo Camarillo, 2nd Floor</b><br><b>Camarillo, CA 93010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCFS</b><br><b>CAIN, CURTIS</b><br><b>730 PASEO CAMARILLO, 2ND FL.</b><br><b>CAMARILLO CA 93010</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b><br><b>Curtis A. Cain</b><br><b>730 Paseo Camarillo, 2nd Floor</b><br><b>Camarillo, CA 93010</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V/S</b><br><b>Mark Alavi</b><br><b>730 Paseo Camarillo, 2nd Floor</b><br><b>Camarillo, CA 93010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:** *X* **S. Mark Alavi** **REQUIRED** Vice President/Secretary *X* **04/18/02** (805) 384-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)