



State of California

Bill Jones

Secretary of State

STATEMENT BY DOMESTIC STOCK CORPORATION

Filing Fee \$20.00 – If Amendment, See Instructions

IMPORTANT – Read Instructions Before Completing This Form

1. CORPORATE NAME: (Do not alter if name is preprinted.)

This Space For Filing Use Only

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE
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3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	ZIP CODE
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4. MAILING ADDRESS	CITY AND STATE	ZIP CODE
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LIST THE NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS: (The corporation must have these three officers. The appropriate title for the officer may be added but do not alter or obliterate the form.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY AND STATE	ZIP CODE
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6. SECRETARY/	ADDRESS	CITY AND STATE	ZIP CODE
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7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY AND STATE	ZIP CODE
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LIST THE NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS: (The corporation must have one or more directors.)

8. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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9. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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10. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: _____

12. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS:

- AN INDIVIDUAL RESIDING IN CALIFORNIA.
- A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME: _____

13. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL.	CITY	ZIP CODE
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CA

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

15. THIS STATEMENT IS TRUE, CORRECT AND COMPLETE.

TYPE OR PRINT NAME OF OFFICER OR AGENT	SIGNATURE	TITLE	DATE
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INSTRUCTIONS FOR COMPLETING THE STATEMENT BY DOMESTIC STOCK CORPORATION

Type or legibly print in black or blue ink.

Statutory filing provisions are found in California Corporations Code Section 1502, unless otherwise indicated.

Every **domestic corporation** shall file a statement with the California Secretary of State, within 90 days after filing of its original Articles of Incorporation, and biennially thereafter during the applicable filing period. The applicable filing period for a corporation shall be the end of the calendar month during which its original Articles of Incorporation were filed and the immediately preceding five calendar months.

A corporation is required to file a statement even though it may not be actively engaged in business at the time this statement is due.

FILING FEES: If this statement is the initial 90-day statement or a biennial statement, a **\$20.00** filing fee must accompany this statement.

Amendment: If this statement is being filed to amend any information on a previously filed statement, and is not a biennial filing, **no fee** is required.

Failure to file this completed form by its due date will result in the assessment of a penalty. The penalty for domestic stock corporations is \$250 (California Corporations Code Section 2204). See also California Revenue and Taxation Code Section 19141.

For further information, contact the Statement of Officers Unit at (916) 657-3537.

- **Make check(s) payable to the Secretary of State.** Send the executed document and filing fee to:
California Secretary of State, Statement of Officers, P.O. Box 944230, Sacramento, CA 94244-2300
- The Secretary of State will endorse file one copy of the filed statement at no additional cost, provided that the copy is submitted to the Secretary of State along with the original to be filed.

Fill in the items as follows:

- Item 1.** Do not alter the preprinted corporate name. If the corporation name has been changed and is not correct, please attach a statement indicating the correct name and the date the name change amendment was filed with the Secretary of State. If the space is blank, enter the **exact** corporate name and number.
- Item 2.** Enter the complete street address, city, state and zip code, of the principal executive office. DO NOT enter a P.O. Box or abbreviate the name of the city.
- Item 3.** Enter the complete street address, city and zip code of the corporation's principal office in California, if any. Complete this item only if the address in Item 2 is outside of California.
- Item 4.** Enter the mailing address of the corporation.
- Items 5-7.** Enter the name and complete business or residential address of the corporation's chief executive officer (i.e. president), secretary and chief financial officer (i.e. treasurer). DO NOT abbreviate the name of the city. The corporation must have these three officers (California Corporations Code Section 312). An officer may hold more than one office. You may add a title appropriate for your corporation but **do not alter or obliterate preprinted titles**.
- Items 8-10.** Enter the names and complete business or residential addresses of the incumbent directors. If there are more than three directors, please attach additional pages. DO NOT abbreviate the name of the city. The corporation must have one or more directors (California Corporations Code Section 301(a)).
- Item 11.** Enter the number of vacancies on the board of directors, if any.
- Item 12.** Enter the name of the agent for service of process in California. The person named as agent must be a resident of California or a corporation which has filed a certificate pursuant to California Corporations Code Section 1505. If an individual is designated as agent, proceed to Item 13. If a corporation is designated, proceed to Item 14 (do not complete Item 13). **Please Note:** A corporation cannot name itself as agent for service of process.
- Item 13.** If an individual is designated as the agent for service of process, enter a business or residential address in California. DO NOT enter "in care of" (c/o) or abbreviate the name of the city. DO NOT enter an address if a corporation is designated as the agent for service of process.
- Item 14.** Briefly describe the general type of business that constitutes the principal business activity of the corporation. Explanation must be descriptive and brief. (Example: Manufacture of aircraft, Auto parts distributor, Retail department store).
- Item 15.** Type or print name and title of the officer or agent completing the form. Enter the date the form is completed.