



State of California Secretary of State

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STATEMENT OF INFORMATION (Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM****1. CORPORATE NAME** (Please do not state if name is preprinted.)

This Space For Filing Use Only

DUE DATE:**CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)**

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 2 and 3 cannot be P.O. Boxes.)**2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE** CITY AND STATE ZIP CODE**3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY** CITY STATE ZIP CODE
CA**NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS** (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)**4. CHIEF EXECUTIVE OFFICER:** ADDRESS CITY AND STATE ZIP CODE**5. SECRETARY:** ADDRESS CITY AND STATE ZIP CODE**6. CHIEF FINANCIAL OFFICER:** ADDRESS CITY AND STATE ZIP CODE**NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS** (The corporation must have at least one director. Attach additional pages, if necessary.)**7. NAME** ADDRESS CITY AND STATE ZIP CODE**8. NAME** ADDRESS CITY AND STATE ZIP CODE**9. NAME** ADDRESS CITY AND STATE ZIP CODE**10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY** //**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 12 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 12 must be left blank.)**11. NAME OF AGENT FOR SERVICE OF PROCESS****12. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL** CITY STATE ZIP CODE
CA**TYPE OF BUSINESS****13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION****14. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.**

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE