Secretary of State Statement of Information

SI-100

(California Nonprofit, Credit Union and **General Cooperative Corporations)**

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00;

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is currently recorded with the California Secretary of State)

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Secretary of State State of California

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2. 7-Digit Secretary of State-File Number

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a. Street Address of California Principal Office, if any - Do not list a P.O. Box 4035 WINCHESTER RD STE E523	City (no abbreviations) TEMECULA	State	Zip Code 92591		
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code		

The Corporation is required to list all three of the officers set forth below. An additional title for Chief Executive Officer or Chief 4. Officers ial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ First I	Name	Middle Name		Last Name			Suffix
TRICIA				EGGLESTON		·	
Address		City (no abbreviations)		abbreviations)	State	Zip Coo	le
4035 WINCHESTER RD STE E523			TEMECULA		CA	92591	
b. Secretary First I	Name	Middle Name		Last Name			Suffix
DEMETRIUS				EUGENE			
Address 4035 WINCHESTER RD STEE	523		• •	abbreviations)	State Zip C CA 925		
c. Chief-Financial Officer/ First	Name .	Middle Name		Last Name EUGENE		•	Suffix
Address 4035 WINCHESTER RD STE-E	523			o abbreviations) ECULA	State CA	Zip Coo 9259	

5. Agent for Service of **Process**

Item 5a and 5b: If the agent is an individual, the agent must reside in California and Item 5a and 5b must be completed with the agent's name and California address. Item 5c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 5c must be completed (leave Item 5a-5b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name		Last Name		1	Suffix		
TRICIA			EGGLESTON					
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box		City (no	abbreviations)	State Zip C		ode		
4035 WINCHESTER RD STE E523			TEMECULA		9259:	<u> </u>		
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 5a or 5b								

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6750(a). See instructions.

7. The Information contained herein, including in any attachments, is true and correct.

12/03/2016

DEMETRIUS EUGENE

CFO

Title

Type or Print Name of Person Completing the Form

2016 California Secretary of State www.sos.ca.gov/business/be

SI-100 (REV 11/2016)



I hereby certify that the foregoing transcript of ______ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

DEC 1 3 2016 VM



Date:

ALEX PADILLA, Secretary of State