

No. C 183395		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PENSION ADMINISTRATORS, INC. TRANG T LE 17701 MITCHELL NORTH IRVINE CA 92614-6028		BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DONALD R LAWRENZ	17701 MITCHELL NORTH	IRVINE	CA	USA	92614-6028
TREASURER	TRANG T LE	17701 MITCHELL NORTH	IRVINE	CA	USA	92614-6028
PRESIDENT	DONALD R LAWRENZ	17701 MITCHELL NORTH	IRVINE	CA	USA	92614-6028
DIRECTOR	LAURIE L. LEE	17701 MITCHELL NORTH	IRVINE	CA	USA	92614-6028
SECRETARY	JIM WASHINGTON	17701 MITCHELL NORTH	IRVINE	CA	USA	92614-6028
DIRECTOR	DAVID SANFORD	17701 MITCHELL NORTH	IRVINE	CA	USA	92614-6028
5. Organized Under the Laws of: DE C 183395		6. Annual Report must be signed.* Signature: NANCY MASHHOUD Name (type or print): NANCY MASHHOUD Date: 05/02/2017 Title: STAFF ACCOUNTANT				
Processed 05/02/2017		* Electronically provided signatures are accepted as original signatures.				