

No. C 183395		Due no later than Jun 30, 2016		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	DAVID SANFORD	17701 MITCHELL NORTH	IRVINE	CA	USA	92614-6028
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	IRVIE	CA	USA	92614-6028
SECRETARY	JIM WASHINGTON	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: 04/20/2016 Title: STAFF ACCOUNTANT				
Processed 04/20/2016		* Electronically provided signatures are accepted as original signatures.				