Filing Fee	State of California Secretary of State Statement of Information ofit, Credit Union and General Cooperative C \$20.00. If this is an amendment, see instructions BEFORE COMPLETING	uctions.	
2. CALIFORNIA COR	PORATE NUMBER		This Space for Filing Use Only
Complete Drineinel	Office Address (De not all has into the name of the site		
	Office Address (Do not abbreviate the name of the cit F PRINCIPAL OFFICE IN CALIFORNIA, IF ANY	y. Item 3 cannot be a P. CITY	O. BOX.) STATE ZIP CODE
4. MAILING ADDRESS C	F THE CORPORATION	CITY	STATE ZIP CODE
	te Addresses of the Following Officers (The con owever, the preprinted titles on this form must not be alter FFICER/ ADDRESS		e three officers. A comparable title for the specific STATE ZIP CODE
6. SECRETARY	ADDRESS	CITY	STATE ZIP CODE
7. CHIEF FINANCIAL OF	FICER/ ADDRESS	CITY	STATE ZIP CODE
<ul> <li>Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.</li> <li>8. NAME OF AGENT FOR SERVICE OF PROCESS [Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.]</li> </ul>			
9. STREET ADDRESS C	F AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN	INDIVIDUAL CITY	STATE ZIP CODE
Common Interest Developments			
<sup>10.</sup> Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling 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 6760(a). Please see instructions on the reverse side of this form.			
11. THE INFORMATION C	ONTAINED HEREIN IS TRUE AND CORRECT.		
DATE SI-100 (REV 01/2016)	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE APPROVED BY SECRETARY OF STATE
S. 100 (REV 01/2010)			ATTROVED BY GEORETARY OF STATE