



State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

AEGIS HOLDING COMPANY, LLC
200715210265

FILED
In the office of the Secretary of State
of the State of California

SEP 17 2009

A/E/C/ECC

This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2 SECRETARY OF STATE FILE NUMBER

200715210265

3 STATE OR PLACE OF ORGANIZATION

CALIFORNIA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

177 POST ST STE 750

SAN FRANCISCO, CA

94108

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

177 POST ST STE 750

SAN FRANCISCO

CA

94108

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

TERRENCE P. GOGGIN 177 POST ST STE 750

SAN FRANCISCO, CA

94108

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

MARK LUKIN 177 POST ST STE 750

SAN FRANCISCO, CA

94108

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

CHARLIE MCFARLING

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

17287 GREENRIDGE RD

HIDDEN VALLEY

CA

95467

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

CONCESSION MANAGEMENT

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

ALAN MILLER

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Alan Miller

SIGNATURE

AGENT

TITLE

9/15/2009

DATE