

Secretary of State Statement of Information

(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

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

MONEY ON BOOKS

SI-100

FILED

Secretary of State State of California

MAR 2 7 2019

(a/NF/CC)
This Space For Office Use Only

2. 7-Digit Secretary of State File Number

3849599

3. Business Addresses			
Street Address of California Principal Office, if any - Do not enter a P.O. Box City (no abbreviations)		State	Zip Code
40335 WINCHESTER RD STE E523	TEMECULA	CA	92591
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
and addresses of	all three of the officers set forth helow. An add	itional title for Chief	Executive Officer

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

a. Chief Executive Officer/ First Name	Middle Name		Last Name			Suffix
DEMETRIUS			EUGENE			
Address		City (no	abbreviations)	State	Zip Code	
40335 WINCHESTER RD STE E523		TEME	CULA	CA	92591	
b. Secretary First Name	Middle Name		Last Name			Suffix
DIERDRE			TURNER			
Address		City (no abbreviations)		State	Zip Code	
40335 WINCHESTER RD STE E523		TEME	CULA	CA	92591	
c. Chief Financial Officer/ First Name	Middle Name		Last Name			Suffix
APRIL	L		EUGENE			
Address		City (no	abbreviations)	State	Zip Code	
40335 WINCHESTER RD STE E523		TEME	CULA	CA	92591	

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) DEMETRIUS	Middle Name	Last Name EUGENE			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 40335 WINCHESTER RD STE E523	City (no abbreviations) TEMECULA		State	Zip Code 92591	

CORPORATION - Complete Item 5c only. Only include the name of the registered agent Corporation.

c. Catifornia Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 5a or 5b

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 6760(a). See Instructions.

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

Type or Print Name of Person Completing the Form

03/19/2019

Date

DEMETRIUS EUGENE

CEO

Title

2017 California Secretary of State www.sos.ca.gov/business/be



I hereby certify that the foregoing transcript of ______page(s) is a full, true and correct copy of the complete record in the custody of the California Secretary of State's office as of this date.

APR 03 2019

Date:_

FRE

ALEX PADILLA, Secretary of State