

1. Corporation Name

☐ Address Change
Do not list a P.O. Box

2. Street Address of Principal Executive Office (Do not list PO Box)

3. Foreign Jurisdiction
(only if formed outside of California)

City

State

Zip

Service Process Fee
\$243.00

Respond no later than
June 15, 2025

Please allow 4-6 weeks for
your order to be processed

THE YOUNG GROUP, INC.
1085 ACANTO PL
LOS ANGELES CA 90049-1603

A-14320

California Corporations Code §1502: Every domestic corporation, and every foreign corporation registered in California, is required to file a Statement of Information with the Secretary of State. The initial filing is due within 90 days of incorporation or registration. After that, corporations must file once each year, during the calendar month of formation or registration and up to five preceding calendar months, regardless of whether the business is actively operating. Any changes to previously filed information may be updated by submitting a new statement.

Failure to comply with this requirement may result in a **\$250.00 penalty**, which is assessed and collected by the California Franchise Tax Board after receiving notice from the Secretary of State. (Corporations Code §§2204, 2206; Revenue and Taxation Code §19141.)

4. Business Addresses

a. Mailing Address of Corporation, if different than field 2

City (no abbreviations)

State

Zip Code

b. Mailing Address of California Office, if different than item 4a (Do not list a PO Box)

City (no abbreviations)

State

CA

5. Officers The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and 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

Address

City (no abbreviations)

State

Zip Code

b. Secretary

First Name

Middle Name

Last Name

Suffix

Address

City (no abbreviations)

State

Zip Code

c. Chief Financial Officer

First Name

Middle Name

Last Name

Suffix

Address

City (no abbreviations)

State

Zip Code

6. Director(s) At least one name and address must be listed. If the Corporation has additional directors, attach the name(s) and address on a separate sheet.

a. First Name

Middle Name

Last Name

Suffix

Address

City (no abbreviations)

State

Zip Code

7. Type of Business

8. Labor Judgement ☐ Yes ☐ No
Does any Officer or Director have an outstanding final judgment issued by the Division of Labor Standards Enforcement or court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?

9. Service of Process Must provide either individual OR Corporation. Individuals (9a & 9b) provide full name and address. Corporations (9a) use name only.

a. California Agent's First Name (or Corporation Name)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not enter PO Box

City (no abbreviations)

State

CA

THIS IS NOT A BILL. THIS IS A SOLICITATION. YOU ARE UNDER NO OBLIGATION TO PAY THE AMOUNT STATED ABOVE UNLESS YOU ACCEPT THIS OFFER. Failure to file the required Statement of Information may result in a \$250.00 penalty, and could lead to SUSPENSION of your corporation by the California Secretary of State. If suspended, your business may lose its rights, powers, and privileges to operate in California until it is restored to good standing. (Corporations Code §1502; §62204, 2206; Revenue and Taxation Code §19141.) Under penalty of perjury, you declare that you are authorized to sign this order form on behalf of the above organization, that you have reviewed the contents of this form, and that to the best of your knowledge, the information provided is true and correct. By signing below, you also authorize Corporate Processing Service to file the Statement of Information on behalf of your corporation.

Please
Sign
Here

Signature of Director, Officer, or an authorized
company official

Date

Title

Mail Form and \$243 check to:
CORPORATE PROCESSING SERVICE
836 57TH ST, SUITE 490
SACRAMENTO CA 95819-3327

Form 501-CORP (Rev 01-2025)