



# 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.)

VISCOIL HOLDINGS, LLC

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

MAR 01 2010

This Space For Filing Use Only

**DUE DATE:** \_\_\_\_\_

**FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER

200930910003

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

970 West Valley Parkway #402

Escondido, California

90205

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

CITY

STATE

ZIP CODE

2225 Barham Dr. Suite B

Escondido

CA

92029

**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

Sergey Sorokin

Spiridonovka Street-22/2-68

Moscow, Russia

123000

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

David Strawn

2225 Barham Dr. Suite B

Escondido, California

92029

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

David Strawn

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

CITY

STATE

ZIP CODE

2225 Barham Dr. Suite B

Escondido

CA

92029

**TYPE OF BUSINESS**

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

Liquid Processing Equipment

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

David Strawn

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

Member

TITLE

2/03/2010

DATE