



**Secretary of State**  
**Statement of Information** **2**  
 (California Nonprofit, Credit Union and  
 General Cooperative Corporations)

SI-100

**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

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

NATIONAL ORGANIZATION OF RESTORING MEN,  
 INCORPORATED

**FILED**  
**Secretary of State**  
**State of California**

APR 03 2017

*NP*  
 This Space For Office Use Only

**2. 7-Digit Secretary of State File Number**

**C2163002**

**3. Business Addresses**

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
340 S LEMON AVE #5209	Walnut	CA	91789

**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
Steven		J	Harris	
Address	City (no abbreviations)		State	Zip Code
4712 Admiralty Way #315	Marina Del Rey		CA	90292
b. Secretary	First Name	Middle Name	Last Name	Suffix
James			Schinnerer	
Address	City (no abbreviations)		State	Zip Code
340 S LEMON AVE #5209	Walnut		CA	91789
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix
James			Schinnerer	
Address	City (no abbreviations)		State	Zip Code
340 S LEMON AVE #5209	Walnut		CA	91789

**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)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

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

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

VIRTUAL POST SOLUTIONS, INC.

*C3149126*

**6. Common Interest Developments**

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.**

3-22-17

Date

James Schinnerer

Type or Print Name of Person Completing the Form

Secretary

Title

*James Schinnerer*  
 Signature