State of Californi Secretary of State		S		E08330 ILED
Statement of Information (Domestic Stock and Agricultural Cooperative Co	rporations)		State of the	of the Secretary of State of California
FEES (Filing and Disclosure): \$25.00. If amendme IMPORTANT - READ INSTRUCTIONS BEFORE CO				- 2 2011 For Filing Use Only
1. CORPORATE NAME C2578360 H2GO, INC.				
Due Date:				
Complete Addresses for the Following (Do not abbreviate the	name of the city. Items 2 and 3 ca	innot be	P.O. Boxes	.)
2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 15300 EL CAMINO GRANDE SARATOGA CA 95070-6259	CITY		STATE	ZIP CODE
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF 15300 EL CAMINO GRANDE SARATOGA CA 95070-6259	ANY CITY		STATE	ZIP CODE
4. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 2	CITY		STATE	ZIP CODE
Names and Complete Addresses of the Following Officers title for the specific officer may be added; however, the preprinte			cers. A comp	arable
5. CHIEF EXECUTIVE OFFICER/ ADDRESS GARY DEVIN CONLEY 15300 EL CAMINO GRANDE SAI	CITY		STATE	ZIP CODE
6. SECRETARY ADDRESS GARY DEVIN CONLEY 15300 EL CAMINO GRANDE SAF	CITY CITY ATOGA, CA 95070-6259		STATE	ZIP CODE
7. CHIEF FINANCIAL OFFICER/ ADDRESS GARY DEVIN CONLEY 15300 EL CAMINO GRANDE SAF	сітү АТОGA CA 95070-6259		STATE	ZIP CODE
Names and Complete Addresses of All Directors, Including must have at least one director. Attach additional pages, if nece		(The	corporation	
8. NAME ADDRESS GARY DEVIN CONLEY 15300 EL CAMINO GRANDE SAI	CITY RATOGA, CA 95070-6259		STATE	ZIP CODE
9. NAME ADDRESS	CITY		STATE	ZIP CODE
10. NAME ADDRESS	CITY		STATE	ZIP CODE
11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF	any: 0			
Agent for Service of Process (If the agent is an individual, the with a California street address (a P.O.Box address is not accept the California Secretary of State a certificate pursuant to Califor 12. NAME OF AGENT FOR SERVICE OF PROCESS	otable). If the agent is another corp	oration	, the agent m	nust have on file with
COHEN & OSTLER, A PROFESSIONAL CORPORATION 13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORM	NIA, IF AN INDIVIDUAL CITY		STATE	ZIP CODE
Type of Business				
14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION LAW FIRM				
15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORI CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CO	DRRECT.	RATION	CERTIFIES THE	INFORMATION
03/02/2011 GARY DEVIN CONLEY DATE TYPE OR PRINT NAME OF PERSON COMPLET	ING THE FORM	TITLE		SIGNATURE
SI-200 C (REV 10/2010)			APPROVED E	BY SECRETARY OF STATE