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Mar 06, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| <ol> <li>Corporation</li> </ol>  | MENT # 834521<br>INTERNATIONAL                      |              |                         |                         |              |               | L MANINI KOMAN NAKA ARABI BAKA K             | 1 <b>66</b> 1 11 <b>6</b> 1 <b>416</b> 14 1 | rieri eleni eleni f |              |
|--|---|--------------|-------------------------|-------------------------|--------------|---------------|--|---|---------------------|--------------|
| Principal Place of Business Mailing Address  825 BATTERY ST SAN FRANCISCO CA 94111  SAN FRANCISCO CA 94111 |   |              |                         |                         |              |               |  |   |                     |              |
| 0.111 1111110100   |   | •            |                         |                         |              | -             | DO NOT WRI  3. Date Incorporated or Qualifed |   | SPACE               |              |
|  |   |              |                         |                         |              |               | 06/12/1975                                   |   |                     |              |
| 2. Principal Pl  | ace of Business                                     | 2a.          | Mailing Address         |                         |              |               | 4. FEI Number                                | _   |                     | plied For    |
| <u>.</u>   |   | 26           |                         |                         |              |               | 94-1598707                                   |   |                     | t Applicable |
| Suite, Apt.  | #, etc.   |              | Suite, Apt. #, etc.     |                         |              | Ì             | 5. Certifcate of Status Desired              |   | \$8.75 A            |              |
| City & State   |   | 27           | City & State            | <del></del>             |              |               | 6. Election Campaign Financing               |   | \$5.00              | ·            |
| 23   | -   | 28           | o.i., a o.a             |                         |              |               | Trust Fund Contribution                      |   | Added t             |              |
| Zip  | Country   | 120,         | Zip                     | Countr                  | /            |               | 8. This corporation owes the curr            | rent year Int                               | tangible            |              |
| 24   | 25  | 29           |                         | 30                      |              |               | Personal Property Tax.                       |   | ☐ Yes               | □No          |
|  | 9. Name and Address of Curren                       | t Regis      | stered Agent            |                         |              |               | 10. Name and Address of New I                | <u>Registered</u>                           | Agent               |              |
| טו וט  | THE CEORGE  |              |                         | 81                      | Name         | е             |  |   |                     |              |
| PURTLE, GEORGE<br>7835 SUNNYMEADE DR N   |   |              |                         | 82                      | Street       | t Address     | s (P.O. Box Number is Not Accept             | able)                                       |                     |              |
| JACKSONVILLE FL 32211  |   |              |                         | 83                      |              |               |  |   |                     |              |
| UACI   | TOOMVILLE TE DEETT                                  |              |                         | 0.3                     | '}           |               |  |   |                     |              |
|  |   |              |                         | 84                      | City         |               |  | FL  | 85 Zip (            | Code         |
| 44 600.00.5  | to the provisions of Sections 607.050               | 2 and 6      | 07 1509 Florida Statut  | os the abou             | o-namer      | d comors      | ation submits this statement for the         | ournose of                                  | changing its        | registered   |
| office or n  | egistered agent, or both, in the State              | of Florid    | da. Such change was a   | utnorized by            | the corp     | poration's    | s board of directors. I hereby acce          | pt the appoi                                | intment as re       | gistered     |
| agent. I a   | m familiar with, and accept the obliga              | tions of     | , Section 607.0505, Flo | rida Statute:           | B.           |               |  |   |                     |              |
| SIGNATURE  | Signature, typed or printed name of registered ager | nt and title | if applicable (NOTE     | . Registered Age        | nt signature | e required wh | hen reinstating)                             | DATE  |                     | <del></del>  |
| 12.  | OFFICERS AN   |              |                         | 13.                     |              |               | ADDITIONS/CHANGES TO OF                      | FICERS AN                                   | ND DIRECTO          | RS IN 12     |
| TITLE  | PD  |              | ☐ DELETE                | 1.1 TITLE               |              |               |  |   | ☐ Change            | ☐ Addition   |
| NAME   | KALLAS, WILLIAM E                                   |              |                         | 1.2 NAME                |              |               |  |   |                     |              |
| STREET ADDRESS   | 825 BATTERY ST                                      |              |                         | 1.3 STREE               | TADDRESS     | s             |  |   |                     |              |
| CITY-ST-ZIP  | SAN FRANCISCO CA 94111                              |              |                         | 1.4 CITY-               | ST-ZIP       |               |  |   |                     | £77 A 1.795  |
| TITLE  | DSVT  |              | ☐ DELETE                | 2.1 TITLE               |              | SEN           | IOR VICE PRESIDENT                           |   | ✓ Change            | Addition     |
| NAME   | JAMES, TAI  |              |                         | 2.2 NAME                |              | -             |  |   |                     |              |
| STREET ADDRESS   | 825 BATTERY ST                                      |              |                         |                         | T ADDRESS    | iS .          | -  |   |                     |              |
| CITY-ST-ZIP  | SAN FRANCISCO CA                                    |              | ☐ DELETE                | 2.4 CITY-               | ST-ZIP       | 2156          | VITUE VICE PRESIDENT                         | TECRETA                                     | Change              | Addition     |
| TITLE  | S DETEROON POREDT A                                 |              | D necese                | 3.1 TITLE               |              | TA            | CUTIVE VICE PRESIDENT,<br>REASURER           | والوصيحي                                    | 7                   |              |
| NAME   | PETERSON, ROBERT A<br>825 BATTERY ST.               |              |                         | 3.2 NAME                | T ADDDCC     |               |  |   | 1                   |              |
| STREET ADDRESS   | SAN FRANCISCO CA                                    |              |                         |                         | T ADDRESS    | ~             |  |   |                     |              |
| CITY-ST-ZIP<br>TITLE   | VPD   |              | ☐ DELETE                | 3.4, CITY-<br>4.1 TITLE | S1-ZIP       | SENI          | IOR VICE PRESIDENT                           |   | Change              | Addition     |
| NAME   | BERMAN, JOBY  |              |                         | 4. 2 NAME               |              |               | , • • • • • • • • • • • • • • • • • • •      |   |                     |              |
| STREET ADDRESS   | 5960 N MILWAUKEE AVE                                |              |                         |                         | T ADDRESS    | is            |  |   |                     |              |
| CITY-ST-ZIP  | CHICAGO IL  |              |                         | 4.4 CITY-               |              |               |  |   | , _                 |              |
| TITLE  | VP  |              | ☐ DELETE                | 5.1 TITLE               |              | SENI          | IOR VICE PRESIDENT.                          |   | Change              | ☐ Addition   |
| NAME   | ASHLEY, MARK  |              |                         | 5.2 NAME                |              |               |  |   |                     |              |
| STREET ADDRESS   | 5030 CCAMINO DE LA SIESTA                           | <i>#</i> 20  | 4                       | 5.3 STREE               | T ADDRESS    | s             |  |   |                     |              |
| CITY-ST-ZIP  | SAN DIEGO CA  |              |                         | 5.4 CITY-               | ST-ZIP       |               |  |   |                     |              |
| TITLE  | C   |              | ☐ DELETE                | 6.1 TITLE               |              |               |  |   | ☐ Change            | ☐ Addition   |
| NAME   | TANG, MAN-CHUNG                                     |              |                         | 6.2 NAME                |              |               |  |   |                     |              |
| STREET ADDRESS   | 825 BATTERY ST.                                     |              |                         | ■ 6.3 STREE             | T ADDRESS    | 85            |  |   |                     |              |

6.4 CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment pith an address with all other like empowered.

**SIGNATURE:** 

KLAJIRED NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(415) 291- 3700