

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90089 030 ***150.00

DOCUMENT # 834521

1. Entity Name

T.Y. LIN INTERNATIONAL

Principal Place of Business

Mailing Address

**825 BATTERY ST
 SAN FRANCISCO CA 94111**

**825 BATTERY ST
 SAN FRANCISCO CA 94111-1528**

NOV 20 01



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-1598707

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PURTLE, GEORGE
 7835 SUNNYMEADE DR N
 JACKSONVILLE FL 32211**

Name

NELSON E. CANJURA

Street Address (P.O. Box Numbers Not Acceptable)

27803 SUMMER PLACE DRIVE

City

WESLEY CHAPEL

FL

Zip Code

33543

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Nelson E. Canjura

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

2-23-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KALLAS, WILLIAM E	
STREET ADDRESS	825 BATTERY ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	JAMES, TAI	
STREET ADDRESS	825 BATTERY ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	EVST	<input type="checkbox"/> Delete
NAME	PETERSON, ROBERT A	
STREET ADDRESS	825 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BERMAN, JOBY	
STREET ADDRESS	5960 N MILWAUKEE AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ASHLEY, MARK	
STREET ADDRESS	5030 CCAMINO DE LA SIESTA # 204	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	C	<input type="checkbox"/> Delete
NAME	TANG, MAN-CHUNG	
STREET ADDRESS	825 BATTERY ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental report is 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Kallas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(415) 291-3700

Daytime Phone #

CR2E034 (9/99)