FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0555268

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90051 021 ***150.00

DOCUMENT # **854913**

1. Corporation Name
THOMAS F. WHITE & CO. INCORPORATED

Principal Place of Business	Mailing Address
1 SECOND ST..5TH FL. SAN FRANCISCO CA 94105	1 SECOND ST..5TH FL. SAN FRANCISCO CA 94105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/08/1982

2. Principal Place of Business	2a. Mailing Address
21 301 Mission Street	26 301 Mission Street
Suite, Apt. #, etc. 22 5th Floor	Suite, Apt. #, etc. 27 5th Floor
City & State 23 San Francisco, CA	City & State 28 San Francisco, CA
Zip / Country 24 94105-2243 25 USA	Zip / Country 29 94105-2243 30 USA

4. FEI Number: 94-2524967 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	☑ DELETE	1.1 TITLE	VICE PRESident	☑ Change ☐ Addition
NAME	HUANG, ANNE		1.2 NAME	Thomas Ray Soucie	
STREET ADDRESS	2121 DONALD DR. UNIT 5		1.3 STREET ADDRESS	320 Heron Dr	
CITY-ST-ZIP	MORAGA CA		1.4 CITY-ST-ZIP	Pittsburg, CA 94565	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANGLE, ROBERT T.		2.2 NAME		
STREET ADDRESS	1215 LOMBARD STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Secretary	☐ Change ☑ Addition
NAME			3.2 NAME	Michael Glenn Bolgatz	
STREET ADDRESS			3.3 STREET ADDRESS	3030 Colby St	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Berkeley, CA 94705-2027	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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

SIGNATURE: Robert T. Angle ROBERT T. ANGLE 4/20/99 415-597-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #