

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005445

FILED  
Feb 15, 2012  
Secretary of State

**Entity Name:** MAZZETTI NASH LIPSEY BURCH, INC.

**Current Principal Place of Business:**

530 BUSH STREET, SUITE 300  
SAN FRANCISCO, CA 94108

**New Principal Place of Business:**

**Current Mailing Address:**

530 BUSH STREET, SUITE 300  
SAN FRANCISCO, CA 94108

**New Mailing Address:**

**FEI Number:** 94-1722463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VERNON, WALTER N  
Address: 530 BUSH STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94108

Title: SD  
Name: PAPPAS, JOHN M PE  
Address: 530 BUSH STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94108

Title: CFO  
Name: WANDRY, DARRYL  
Address: 530 BUSH STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94108

Title: D  
Name: INMAN, JON  
Address: 530 BUSH STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94108

Title: D  
Name: KARMIRIS, JOHN  
Address: 530 BUSH STREET, SUITE 300  
City-St-Zip: SAN FRANCISCO, CA 94108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARRYL WANDRY

CFO

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date