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**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90030 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M22309

1. Corporation Name  
**GLENCO EXECUTIVE CENTER, INC.**



Principal Place of Business  
 414 N. CENTRAL AVE.  
 GLENDALE CA 91203  
 US

Mailing Address  
 PO BOX 1709  
 #M-726  
 GLENDALE CA 91209  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/22/1985**

2. Principal Place of Business  
 21 **135 MAIN ST.**

Suite, Apt. #, etc.  
 22 **4TH FLOOR**

City & State  
 23 **SAN FRANCISCO, CA**

Zip Country  
 24 **94105** 25

2a. Mailing Address  
 26 **C/O MERINDA PRATER**

Suite, Apt. #, etc.  
 27 **135 MAIN ST.**

City & State  
 28 **SAN FRANCISCO, CA**

Zip Country  
 29 **94105** 30

4. FEI Number  
**59-2660776**

Applied For  
 Not Applicable

5. Certificate 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  
**WEISS, SUZANNE**  
**115 SE 13TH ST**  
**STE C**  
**FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HESS, TERRY D.	
STREET ADDRESS	414 N. CENTRAL AVE.	
CITY-ST-ZIP	GLENDALE CA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAYNES, JOHN E.	
STREET ADDRESS	414 N. CENTRAL AVE.	
CITY-ST-ZIP	GLENDALE CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ELLER, JAMES R. J	
STREET ADDRESS	401 N. BRAND BLVD., #M-726	
CITY-ST-ZIP	GLENDALE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINK, RICHARD A.	
STREET ADDRESS	414 N. CENTRAL AVE.	
CITY-ST-ZIP	GLENDALE CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES P. MURRAY	
1.3 STREET ADDRESS	135 MAIN ST.	
1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ERIC K. KAWAMURA	
2.3 STREET ADDRESS	135 MAIN ST.	
2.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JANESSA L. WASHINGTON	
3.3 STREET ADDRESS	135 MAIN ST.	
3.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BLALENEH A. BOBBITT	
4.3 STREET ADDRESS	135 MAIN ST.	
4.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
5.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MERINDA F. PRATER	
5.3 STREET ADDRESS	135 MAIN ST.	
5.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Merinda F. Prater* MERINDA F. PRATER 3/15/99 (905) 904-4634

CR2E034 (11/98)