## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 06, 2006 8:00 am Secretary of State 04-06-2006 90011 002 \*\*\*150.00 **DOCUMENT # P03000000692** 1. Entity Name SEQUOIA ASSET MANAGEMENT GROUP, INC. 40045046 Principal Place of Business Mailing Address 100 2ND AVE ST #300N PO BOX 21201 SAINT PETERSBURG, FL 33701 ST. PETERSBURG, FL 33742-1201 2. Principal Place of Business N. E. CAMINO REAL CAMINO ROAL 132 N. El Suite, Apt, #, etc. 04042006 CR2E034 (11/05) City & State 4. FEI Number Applied For CAI 20-4579060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code -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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CHAIRMAN Addition ☐ Delete ROBERT YOUNG LANE COOK, JOSEPH NAME NAME 132 N. EL CAMINO REAL, STE 144 STREET ADORESS STREET ADDRESS CARLSBAD, CA 92011 ENCINITAS, CA 92924 CITY-ST-7IP CITY-ST-71P TITLE Delete TITLE Change Addition OSBORN, DAVID L NAME 875 PONCE DELEON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP TITLE ☐ Detete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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