

**PROFIT CORPORATION ANNUAL REPORT 1995**



**FLORIDA DEPARTMENT OF STATE**  
 Gordon B. Mackinnon  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FLORIDA SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 20 AM 11:11

**DOCUMENT # P27618 (8)**

1. Corporation Name  
**SAN FRANCISCO WINE EXCHANGE, INC.**

Principal Place of Business      Mailing Address  
**442 TEHAMA ST.      442 TEHAMA ST.**  
**SAN FRANCISCO CA 94103      SAN FRANCISCO CA 94103**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/04/1990      05/01/1994**

2. Principal Place of Business      2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27  
 City & State      City & State  
 23      28  
 Zip      Country      Zip      Country  
 24      25      29      30

4. FEI Number      Applied For  
**94-2378579      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**

6. This corporation has liability for intangible tax under s. 129.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**REGULATED INDUSTRIES, INC.**  
**1030 E. LAFAYETTE**  
**STE. 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City      B5 Zip Code  
**FL**

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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>
NAME	<b>THACHER, HUGH</b>
STREET ADDRESS	<b>442 TEHAMA ST.</b>
CITY - ST - ZIP	<b>SAN FRANCISCO CA</b>
TITLE	<b>V</b>
NAME	<b>RIESE, MICHAEL</b>
STREET ADDRESS	<b>442 TEHAMA ST.</b>
CITY - ST - ZIP	<b>SAN FRANCISCO CA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	<b>SAN FRANCISCO CA 94103</b>
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	<b>FABER, JAMES E.</b>
2 3 STREET ADDRESS	<b>442 TEHAMA ST.</b>
2 4 CITY - ST - ZIP	<b>SAN FRANCISCO CA 94103</b>
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *James E. Faber*      Date: **June 12, 1995**      (415) 546-0484  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Mailing Phone #  
**JAMES E. FABER**

CR2E034 (3/95)