2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **DOCUMENT # P27618** 05-17-2001 91363 003 ***550.00 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 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 94-2378579 Not Applicable Zip Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REGULATED INDUSTRIES, INC. Street Address (P.O. Box Number is Not Acceptable) 1030 E. LAFAYETTE STE. 105 TALLAHASSEE FL 32301 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change PST TITLE ☐ Delete TITLE THACHER, HUGH NAME NAME 442 TEHAMA ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME FABER, JAMES E NAME STREET ADDRESS 442 TEHAMA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

type Or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

SIGNATURE: