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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P34812

(8)

PROGRESSIVE ASSET MANAGEMENT, INC.

| | 1 | | • | |
|-----|------|--------|---------|---|
| Mar | 18 | 1998 | 8:00am | Ì |
| Se | cret | tary o | f State | |

EII ED



| rtiticipal riace of business walling Address | | | 1 | |
|---|--|---|---|---------------------------------|
| 1814 FRANKLIN ST., SUITE 710 OAKLAND CA 94612 | 1814 Franklin St., Sl Oakland Ca 94612 | NTE 710 | | |
| | | | DO NOT WRITE IN THIS | SPACE |
| | | | 3. Date incorporated or Qualified 07/25/1991 | |
| 2. Principal Place of Business | 2a, Mailing Address | | 4, FEI Number | Applied For |
| 21 | 26 | | 94-3048535 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | M | \$8.75 Additional |
| 22 | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | | Trust Fund Contribution | Added to Fees |
| Zip Country | Zip | Country | 8. This corporation owes or has paid the cur | |
| 24 25 | 29 | 30 | | Yes No |
| | of Current Registered Agent | | 10. Name and Address of New Registered | Agent |
| CT CORPORATION SYSTE | | 81 Name | | |
| 1200 SOUTH PINE ISLAND PLANTATION FL 33324 | ROAD | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| PENTATION PL 33324 | | 83 | | |
| | | | | |
| | | 84 City | FL | 85 Zip Code |
| 11. Pursuant to the provisions of Section | ns 607.0502 and 607.1508, Florida Stati | utes, the above-named cor | | changing its registered |
| office or registered agent, or both, in | n the State of Florida, Such change was | authorized by the corpora | rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app | cointment as registered |
| | The obligations of, Section 607,0000, i | iorida Gialdies. | | |
| SIGNATURE Signature, typed or printed name of the | registered agent and title if applicable (NO | OTE Registered Agent signature requ | uired when reinstating) DATE | |
| | ICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 |
| TITLE CFPD | DELETE | 11 TITLE | inector. | ☐ Change ★ Addition 은 |
| NAME LEENSON, ERIC | | 1.2 NAME | EGGY SAIKA | × , 2 |
| STREET ADDRESS 2716 RUSSELL ST. | | 1.3 STREET ADDRESS | EGGY BAIKA OB TRESTLE GLEN ROA | |
| CITY-ST-ZIP BERKELEY CA | | 1.4 CITY-ST-ZIP | AKLAND CA 94610 | DIRECTORS IN 12 Change Addition |
| TITLE D | DELETE | 2.1 TITLE | DIRECTOR | Change Addition C |
| NAME HATCH, BRIAN | | 22 NAME | ALMAN STEIN | |
| STREET ADDRESS 3963 GARDEN HIGH | WAY | 2.3 STREET ADDRESS | 216 RED CHURCH COUR | Γ |
| CITY-ST-ZIP SACRAMENTO CA | | 2.4 CITY-ST-ZIP | OTOMIC MD 20854 | |
| TITLE CD | DELETE | 3.1 TITLE | ` | ☐ Change |
| NAME CAMEJO, PETER | | 3.2 NAME | | · I |
| STREET ADDRESS 116 SHERWOOD LA | NE | 3.3 STREET ADDRESS | | |
| ALABIEDA CA | | 3.4. CITY-ST-ZIP | | 1 |
| CHA-SI-Mb Legament Ch | | | | |
| TITLE S | DELETE | 4.1 TOTLE D | IRECTOR. | Change Addition |
| GITT-31-2F | — | | RECTOR A ATHER WE | Change Addition |
| TITLE S CARTIER, CATHERIN | E | | HRECTOR, CATHERINE | Change Addition |
| TITLE S NAME CARTIER, CATHERIN STREET ADDRESS 961 RELIEZ STATION | E | 4. 2 NAME 4.3 STREET ADDRESS | | Change Addition |
| TITLE S NAME CARTIER, CATHERIN STREET ADDRESS 961 RELIEZ STATION | E | 4.2 NAME | | Change Addition |
| TITLE S NAME CARTIER, CATHERIN STREET ADDRESS CITY-ST-ZIP LAFAYETTE CA TITLE D | RE N RD. ▼ DELETE | 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| TITLE S NAME CARTIER, CATHERIN STREET ADDRESS CITY-ST-ZIP LAFAYETTE CA TITLE D NAME VAN DYCK, THOMAS | RE N RD. ▼ DELETE | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | |
| TITLE S NAME CARTIER, CATHERIN STREET ADDRESS CITY-ST-ZIP LAFAYETTE CA TITLE VAN DYCK, THOMAS STREET ADDRESS STREET ADDRESS CARTIER, CATHERIN 961 RELIEZ STATION LAFAYETTE CA VAN DYCK, THOMAS 242 BALCUTHA CONTENTANDERS | N RD. DELETE | 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | |
| TITLE S NAME CARTIER, CATHERIN STREET ADDRESS CITY-ST-ZIP LAFAYETTE CA TITLE D NAME STREET ADDRESS CITY-ST-ZIP VAN DYCK, THOMAS STREET ADDRESS CITY-ST-ZIP CORTE MADERA CA | N RD. DELETE | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S CORTE MADERA CA | N RD. DELETE S | 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME | N RD. DELETE S | 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S CORTE MADERA CA | N RD. DELETE S | 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | ☐ Change ☐ Addition |

Indicated on this annual report or supplied with this ning does not quality for the exemption stated in Section 119.0 (3)(), Florida Statutes, intriner certify that the information indicated on this annual report or suppliemental 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.

510.834.3722 3.6.98