

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90021 001 \*\*\*158.75

**DOCUMENT # V31405**

1. Entity Name  
**EF&A CAPITAL CORP.**

**Principal Place of Business**

**701 GATEWAY BLVD.  
 SUITE 100  
 SOUTH SAN FRANCISCO CA 94080  
 US**

**Mailing Address**

**701 GATEWAY BLVD.  
 SUITE 100  
 SOUTH SAN FRANCISCO CA 94080  
 US**

**2. Principal Place of Business**

**25650 W. Eleven Mile Road**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Southfield, MI**

Zip  
**48034**

Country  
**USA**

**3. Mailing Address**

**25650 W. Eleven Mile Road**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Southfield, MI**

Zip  
**48034**

Country  
**USA**

**4. FEI Number**

**94-3160269**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/13/2002**

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
 NAME **STEENERSON, BYRON**  
 STREET ADDRESS **4746 11TH AVE. NE STE 102**  
 CITY-ST-ZIP **SEATTLE WA**

TITLE **VTD** ☐ Delete  
 NAME **EICHLER, STEVEN J**  
 STREET ADDRESS **701 GATEWAY BLVD STE-100**  
 CITY-ST-ZIP **SOUTH SAN FRANCISCO CA 94080**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VTD** ☒ Change ☐ Addition  
 NAME **Eichler, Steven J**  
 STREET ADDRESS **25650 W. Eleven Mile Road Ste 300**  
 CITY-ST-ZIP **Southfield MI 48034**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/13/2002**

Date

**(248) 746-5772**

Daytime Phone #

CR2E034 (9/01)