2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000005445

Entity Name: MAZZETTI NASH LIPSEY BURCH, INC.

FILED May 01, 2017 **Secretary of State** CC9403322189

Current Principal Place of Business:

220 MONTGOMERY STREET

SUITE 650

SAN FRANCISCO, CA 94104

Current Mailing Address:

220 MONTGOMERY STREET SUITE 650 SAN FRANCISCO, CA 94104 US

FEI Number: 94-1722463 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Name

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

PRESIDENT, CEO Title Title SECRETARY, DIRECTOR

VERNON, WALTER N. Name Name PAPPAS, JOHN

Address 220 MONTGOMERY STREET Address 220 MONTGOMERY STREET

SUITE 650 SUITE 650

SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104 City-State-Zip: City-State-Zip:

Title TREASURER, CFO DIRECTOR, CHAIRMAN OF THE Title

> **BOARD** WANDRY, DARRYL

ATTEBERRY, KARL Name 220 MONTGOMERY STREET Address

Address 220 MONTGOMERY STREET SUITE 650 **SUITE 650**

SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104 City-State-Zip:

Title **DIRECTOR**

INMAN, JON Name LENNON, DAVID Name

220 MONTGOMERY STREET Address

Address 220 MONTGOMERY STREET SUITE 650 SUITE 650

Title

SAN FRANCISCO CA 94104 City-State-Zip: SAN FRANCISCO CA 94104

Title

Title DIRECTOR Name MESSERLI, KURT

NUESSLEIN, CINDY Name 220 MONTGOMERY STREET Address

220 MONTGOMERY STREET Address SUITE 650

SUITE 650 SAN FRANCISCO CA 94104

City-State-Zip: SAN FRANCISCO CA 94104 City-State-Zip:

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DIRECTOR

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

05/01/2017 SIGNATURE: DARRYL WANDRY **TREASURER**

Officer/Director Detail Continued:

Title DIRECTOR

Name POLAND, CHRIS

Address 220 MONTGOMERY STREET

SUITE 650

City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR

Name CERRONE, KIMBERLIE

Address 220 MONTGOMERY STREET

SUITE 650

City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR

Name STAVIG, MARK

Address 220 MONTGOMERY STREET

SUITE 650

City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR

Name DECKARD, DONNA

Address 220 MONTGOMERY STREET

SUITE 650

City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR

Name LOGAN, SUZAN

Address 220 MONTGOMERY STREET

SUITE 650

City-State-Zip: SAN FRANCISCO CA 94104