

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001567

**Entity Name:** SWA GROUP, INC.**Current Principal Place of Business:**2200 BRIDGEWAY BLVD.  
SAUSALITO, CA 94965**Current Mailing Address:**P. O. BOX 5904  
SAUSALITO, CA 94966-5904 US**FEI Number: 94-1483448****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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | BOARD MEMBER         |
| Name            | BIHAN, RENE          |
| Address         | 2200 BRIDGEWAY BLVD. |
| City-State-Zip: | SAUSALITO CA 94965   |

|                 |                      |
|-----------------|----------------------|
| Title           | CHAIRMAN             |
| Name            | WONG, JOHN           |
| Address         | 2200 BRIDGEWAY BLVD. |
| City-State-Zip: | SAUSALITO CA 94965   |

|                 |                      |
|-----------------|----------------------|
| Title           | BOARD MEMBER         |
| Name            | SHREEVE, ELIZABETH   |
| Address         | 2200 BRIDGEWAY BLVD. |
| City-State-Zip: | SAUSALITO CA 94965   |

|                 |                      |
|-----------------|----------------------|
| Title           | CFO                  |
| Name            | COOPER, SCOTT        |
| Address         | 2200 BRIDGEWAY BLVD. |
| City-State-Zip: | SAUSALITO CA 94965   |

|                 |                      |
|-----------------|----------------------|
| Title           | CEO                  |
| Name            | AQUINO, GERDO        |
| Address         | 2200 BRIDGEWAY BLVD. |
| City-State-Zip: | SAUSALITO CA 94965   |

|                 |                    |
|-----------------|--------------------|
| Title           | CONTROLLER         |
| Name            | LEONARD, MARGARET  |
| Address         | P. O. BOX 5904     |
| City-State-Zip: | SAUSALITO CA 94966 |

*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.*

**SIGNATURE: MARGARET LEONARD****CONTROLLER****04/16/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date