

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831221

FILED
Jun 24, 2009
Secretary of State

Entity Name: GARRATT-CALLAHAN COMPANY

Current Principal Place of Business:

50 INGOLD RD
BURLINGAME, CA 94010

New Principal Place of Business:

Current Mailing Address:

50 INGOLD RD
BURLINGAME, CA 94010

New Mailing Address:

FEI Number: 94-0497430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEST, DONALD
14706 BENSBRook DR
SPRING HILL, FL US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARRATT, JEFFREY
Address: 50 INGOLLO ROAD
City-St-Zip: BURLINGAME, CA 94010

Title: CEO () Delete
Name: GARRATT, LORE LEI
Address: 13721 WELCH ROAD
City-St-Zip: FARMERS BRANCH, TX 75244

Title: SD () Delete
Name: MELNICK, D.H..
Address: 333 MARKET STREET
City-St-Zip: SAN FRANCISCO, CA

Title: D () Delete
Name: GARRATT, M.W. III
Address: 50 INGOLLO ROAD
City-St-Zip: BURLINGAME, CA 94010

Title: D () Delete
Name: GARRATT, MATTHEW
Address: 13721 WELCH ROAD
City-St-Zip: FARMERS BRANCH, TX 75244

Title: TD () Delete
Name: COLVIN, MATTHEW
Address: 50 INGOLLO ROAD
City-St-Zip: BURLINGAME, CA 94010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARRATT, MATTHEW
Address: 13721 WELCH ROAD
City-St-Zip: FARMERS BRANCH, TX 75244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MATTHEW J. COLVIN

TD

06/24/2009

Electronic Signature of Signing Officer or Director

_____ Date