

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 834521

1. Entity Name
T.Y. LIN INTERNATIONAL



Principal Place of Business
**2 HARRISON ST
STE. 500
SAN FRANCISCO, CA 94105**

Mailing Address
**2 HARRISON ST
STE. 500
SAN FRANCISCO, CA 94105**



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-1598707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIEDRAHITA, ALVARO
201 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAUSSMANN, JOHN G
STREET ADDRESS	2 HARRISON ST, STE. 500
CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	EVST
NAME	PETERSON, ROBERT A
STREET ADDRESS	2 HARRISON ST., STE. 500
CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	SVP
NAME	PIEDRAHITA, ALVARO
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 900
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	C
NAME	TANG, MAN-CHUNG
STREET ADDRESS	2 HARRISON ST., STE. 500
CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	AS
NAME	BAGBY, ALLISON K
STREET ADDRESS	2 HARRISON ST., STE. 500
CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/08-80061-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allison K. Bagby

(ALLISON K. BAGBY)

4/1/08

(415) 291-3712