

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0118744

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 OCT 14 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 835646

(1)

1. Corporation Name

SUTRO & CO., INCORPORATED

Principal Place of Business

201 CALIFORNIA STREET  
SAN FRANCISCO CA 94111

Mailing Address

201 CALIFORNIA STREET  
SAN FRANCISCO CA 94111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1975

4. FEI Number

94-1704902

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

000002665650--4

82 Street Address (P.O. Box Number Is Not)

10/16/98--01078--020

83

\*\*\*\*750.00 \*\*\*\*750.00

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P LUIKART, JOHN F. ☐ DELETE

NAME 2545 UNION ST  
STREET ADDRESS SAN FRANCISCO CA  
CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME MINEHAN, RAYMOND  
STREET ADDRESS 34 THUDNERBIRD DRIVE  
CITY-ST-ZIP NOVATO CA

TITLE SDV ☐ DELETE

NAME DELANEY, MARY JANE  
STREET ADDRESS 1735 NORTHPOINT STREET  
CITY-ST-ZIP SAN FRANCISCO CA

TITLE VD ☐ DELETE

NAME EISELE, JOHN W.  
STREET ADDRESS 33 BAY WAY  
CITY-ST-ZIP SAN RAFAEL CA

TITLE VD ☐ DELETE

NAME WEINBERGER, THOMAS R  
STREET ADDRESS 220 NORTH SALT AIR AVENUE  
CITY-ST-ZIP LOS ANGELES CA

TITLE VD ☐ DELETE

NAME PHILLIPS, JERRY D.  
STREET ADDRESS 301 LAKEFIELD PLACE  
CITY-ST-ZIP MORAGA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

7/4/98

415-445-8442

CR2E034 (5/98)