
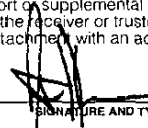


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90034 029 \*\*\*158.75

<b>DOCUMENT # F01000000156</b> 1. Entity Name <b>CWC DEMOLITION CORP.</b>					
Principal Place of Business <b>628 EAST EDNA PLACE COVINA, CA 91723</b>			Mailing Address <b>100 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 94111</b>		
2. Principal Place of Business		3. Mailing Address <b>600 MONTGOMERY ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>25TH FLOOR</b>		01142004 Chg-P CR2E034 (10/03)	
City & State		City & State <b>SAN FRANCISCO, CA</b>		4. FEI Number <b>95-4628214</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>94111</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHERIDAN, JAMES 628 EAST EDNA PLACE COVINA, CA 91723</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DROUBAY, JEFF 628 EAST EDNA PLACE COVINA, CA 91723</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS JONES, KRISTIN L 100 CALIFORNIA ST 500 SAN FRANCISCO, CA 94111</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCFO ARMSTRONG, RITA 50 FREMONT 24TH FLR SAN FRANCISCO, CA 94105</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KAPLAN, SHERRE 628 EAST EDNA PLACE COVINA, CA 91723</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT ARMSTRONG, RITA 100 CALIFORNIA ST., SUITE 500 SAN FRANCISCO, CA 94111</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MOORE, JOSEPH F. 100 CALIFORNIA ST., SUITE 500 SAN FRANCISCO, CA 94111</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. 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 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: 		<b>JOSEPH F. MOORE, SECRETARY</b>		<b>4157770188</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	