

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002106

1. Entity Name

SWINERTON MANAGEMENT & CONSULTING, INC.



Principal Place of Business

260 TOWNSEND STREET
2ND FLOOR
SAN FRANCISCO CA 94107

Mailing Address

260 TOWNSEND STREET
2ND FLOOR
SAN FRANCISCO CA 94107



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 91-1810375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BUSH, TERENCE
STREET ADDRESS 260 TOWNSEND ST.
CITY- ST- ZIP SAN FRANCISCO CA 94107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000365327
05/10/05-80005-022 150.00

TITLE VD ☐ Delete
NAME MARKS, GORDON W
STREET ADDRESS 260 TOWNSEND ST.
CITY- ST- ZIP SAN FRANCISCO CA 94107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S ☐ Delete
NAME ARGILLA, LUKE P
STREET ADDRESS 260 TOWNSEND ST.
CITY- ST- ZIP SAN FRANCISCO CA 94107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DCFO ☐ Delete
NAME RE, MICHAEL
STREET ADDRESS 260 TOWNSEND
CITY- ST- ZIP SAN FRANCISCO CA 94107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE CD ☐ Delete
NAME GILLETTE, JAMES R
STREET ADDRESS 260 TOWNSEND
CITY- ST- ZIP SAN FRANCISCO CA 94107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VD ☐ Delete
NAME DAVIS, DONALD E
STREET ADDRESS 865 S. FIGUEROA STREET, SUITE 3000
CITY- ST- ZIP LOS ANGELES CA 90017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sr. Vice President
& Secretary

4/25/05 (415)984-1232

Date

Daytime Phone #