

# 2003 FOR PROFIT CORPORATION - UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91082 010 \*\*\*150.00

**DOCUMENT # F02000002106**

1. Entity Name  
**SWINERTON MANAGEMENT & CONSULTING, INC.**



Principal Place of Business  
**580 CALIFORNIA STREET, SUITE 1200  
SAN FRANCISCO CA 94104**

Mailing Address  
**580 CALIFORNIA STREET, SUITE 1200  
SAN FRANCISCO CA 94104**



2. Principal Place of Business  
**260 TOWNSEND ST  
Suite, Apt. #, etc.  
2ND FL**

3. Mailing Address  
**260 TOWNSEND ST  
Suite, Apt. #, etc.  
2ND FL**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**SAN FRANCISCO, CA**

City & State  
**SAN FRANCISCO, CA**

4. FEI Number **91-1810375**

Applied For

Not Applicable

Zip  
**94107**

Country

Zip  
**94107**

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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, 2003, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUSH, TERENCE	
STREET ADDRESS	580 CALIFORNIA STREET, SUITE 1200	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARKS, GORDON W	
STREET ADDRESS	580 CALIFORNIA STREET, SUITE 1200	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARGILLA, LUKE P	
STREET ADDRESS	580 CALIFORNIA STREET, SUITE 1200	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	RE, MICHAEL	
STREET ADDRESS	580 CALIFORNIA STREET, SUITE 1200	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GILLETTE, JAMES R	
STREET ADDRESS	580 CALIFORNIA STREET, SUITE 1200	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVIS, DONALD E	
STREET ADDRESS	856 S. FIGUEROA STREET, SUITE 300	
CITY - ST - ZIP	LOS ANGELES CA 90017	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: SIGNATURE OF DONALD E. DAVIS **3/13/03** **(415) 984-11210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)