2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003088

1. Entity Name
ACACIA CAPITAL CORPORATION

Principal Place of Business	Mailing Address
101 SOUTH ELLSWORTH AVE SAN MATEO, CA 94401	400 EAST VAN BUREN, SUITE 650 PHOENIX, AZ 85004

01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3307073
☐ Applied For
☐ Not Applicable

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLELLAND, F. WESLEY III
STREET ADDRESS	400 E. VAN BUREN, SUITE 650
CITY-ST-ZIP	PHOENIX, AZ 85004
TITLE	S
NAME	LARSON, ROBERT E
STREET ADDRESS	101 SOUTH ELLSWORTH AVE STE 300
CITY-ST-ZIP	SAN MATEO, CA 94401
TITLE	COO
NAME	LEUPOLD, ROBERT G
STREET ADDRESS	101 SOUTH ELLSWORTH AVE STE 300
CITY-ST-ZIP	SAN MATEO, CA 94401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: F. Wesley Clelland 02/04/04 602-262-8218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
F. WESLEY CLELAND, III, PRESIDENT