

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 029 ***150.00

0656109 AT

DOCUMENT # F02000003088

1. Entity Name
ACACIA CAPITAL CORPORATION



Principal Place of Business
411 BOREL AVENUE, SUITE 606
SAN MATEO CA 94402

Mailing Address
400 EAST VAN BUREN, SUITE 650
PHOENIX AZ 85004

11030472



2. Principal Place of Business
101 SOUTH ELLSWORTH AVE.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 300

City & State
SAN MATEO, CA

City & State

4. FEI Number 94-3307073

Applied For
Not Applicable

Zip
94401

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CLELLAND, F. WESLEY III
STREET ADDRESS 400 E. VAN BUREN, SUITE 650
CITY-ST-ZIP PHOENIX AZ 85004 ☐ Delete

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

TITLE S
NAME LARSON, ROBERT E
STREET ADDRESS 411 BOREL AVE., SUITE 606
CITY-ST-ZIP SAN MATEO CA 94402 ☐ Delete

TITLE S
NAME LARSON, ROBERT E.
STREET ADDRESS 101 SOUTH ELLSWORTH AVE, SUITE 300
CITY-ST-ZIP SAN MATEO, CA 94401 ☒ Change ☐ Addition

TITLE COO
NAME LEUPOLD, ROBERT G
STREET ADDRESS 411 BOREL AVE., SUITE 606
CITY-ST-ZIP SAN MATEO CA 94402 ☐ Delete

TITLE COO
NAME LEUPOLD, ROBERT G.
STREET ADDRESS 101 SOUTH ELLSWORTH AVE, SUITE 300
CITY-ST-ZIP SAN MATEO, CA 94401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-03 602-253-5563
Date Daytime Phone #

CR2E034 (10/02)