2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006920

Address:

City-St-Zip:

2077 WEST COAST HIGHWAY

NEWPORT BEACH, CA 92663

Entity Name: M.H. SHERMAN COMPANY

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2077 WEST COAST HIGHWAY NEWPORT BEACH, CA 92663 **Current Mailing Address: New Mailing Address:** P.O. BOX 1715 NEWPORT BEACH, CA 92659 FEI Number: 95-1218180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CADWALADER, CRAIG 1550 SE 17TH STREET FT. LAUDERDALE, FL 33316 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HASKELL, DONALD Name: Name: 2077 WEST COAST HIGHWAY Address: Address: City-St-Zip: NEWPORT BEACH, CA 92663 City-St-Zip: Title: DPT Title: () Delete () Change () Addition Name: DANIELS, D.T. Name: 2077 WEST COAST HIGHWAY Address: Address: NEWPORT BEACH, CA 92663 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CADWALADER, CRAIG Name: Name: 1550 SE 17TH STREET Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33316 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, BARBARA J Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: D.T.DANIELS PRES 02/02/2009