

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F06000005379**

1. Entity Name  
**LAMBERSON KOSTER & COMPANY INC.**



Principal Place of Business  
**580 CALIFORNIA STREET  
SUITE 1100  
SAN FRANCISCO, CA 94104**

Mailing Address  
**580 CALIFORNIA STREET  
SUITE 1100  
SAN FRANCISCO, CA 94104**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**94-3258293**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HATCH, JOHN D ESQ.  
1267 BERKSHIRE LANE  
SUITE 200  
TARPON SPRINGS, FL 34688**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BOWRING, DOUGLAS
STREET ADDRESS	940 KIRKCREST ROAD
CITY- ST- ZIP	ALAMO, CA 94507
TITLE	D
NAME	GAULT, JAMES S
STREET ADDRESS	2132 THORNWOOD AVENUE
CITY- ST- ZIP	WILMETTE, IL 60091
TITLE	V
NAME	KORNREICH, JOEL C
STREET ADDRESS	447 THORNGATE LANE
CITY- ST- ZIP	RIVERWOODS, IL 60015
TITLE	T
NAME	LAZZARO, JACK H
STREET ADDRESS	1994 SELKIRK
CITY- ST- ZIP	INVERNESS, IL 60010
TITLE	AS
NAME	GREB, CHRISTINE
STREET ADDRESS	1390 DEVONWOOD CT
CITY- ST- ZIP	BUFFALO GROVE, IL 60089
TITLE	D
NAME	MCGURN, DAVID E JR.
STREET ADDRESS	214 STOCK PORT
CITY- ST- ZIP	SCHAUMBURG, IL 60193

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03/20/08-80033-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Douglas B. Bowering*  
2/22/2008 415-391-1500