2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# F07000005403

Entity Name: GUADALUPE ASSOCIATES, INCORPORATED

Current Principal Place of Business:

2515 MCALLISTER STREET
SAN FRANCISCO, CA 94118

New Principal Place of Business:

Current Mailing Address:

2515 MCALLISTER STREET
SAN FRANCISCO, CA 94118

New Mailing Address:

FEI Number: 51-0183466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DECARO, ROSE
5225 MILANO STREET
AVE MARIA, FL 34142 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: BRUMLEY, MARK
Address: 2515 MCALLISTER STREET
City-St-Zip: SAN FRANCISCO, CA 94118

Title: VCVP ( ) Delete
Name: LEMON, CAROLYN
Address: 2515 MCALLISTER STREET
City-St-Zip: SAN FRANCISCO, CA 94118

Title: D ( ) Delete
Name: GALTEN, JOHN
Address: 2515 MCALLISTER STREET
City-St-Zip: SAN FRANCISCO, CA 94118

Title: SD ( ) Delete
Name: LUM, ROXANNE
Address: 2515 MCALLISTER STREET
City-St-Zip: SAN FRANCISCO, CA 94118

Title: DT ( ) Delete
Name: LUM, ROXANNE
Address: 2515 MCALLISTER STREET
City-St-Zip: SAN FRANCISCO, CA 94118

Title: TD (X) Delete
Name: RYAN, ANTHONY
Address: 2525 MCALLISTER STREET
City-St-Zip: SAN FRANCISCO, CA 94118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: RYAN, ANTHONY
Address: 2515 MCALLISTER STREET
City-St-Zip: SAN FRANCISCO, CA 94118

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BRUMLEY CP 03/02/2009

Electronic Signature of Signing Officer or Director — Date