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Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90001 045 ***558.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000001019

1. Corporation Name

GEL, FINANCING, INC.

Principal Place of Business
100 California Street
Suite 500
San Francisco, CA 94111-4529

Mailing Address
(same)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Jan 8, 1993

4. FEI Number

95-3307888

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 100 California Street

Suite, Apt. #, etc.

22 Suite 500

City & State

23 San Francisco, CA

Zip

24 94111

Country

25 USA

2a. Mailing Address

26 Same as #2

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System
1201 Hayes Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President & Director ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFO/S/D ☐ DELETE
NAME Kent P. Ainsworth
STREET ADDRESS 100 California St Suite 500
CITY-ST-ZIP San Francisco, CA 94111

TITLE AS ☐ DELETE
NAME Carol Brummerstedt
STREET ADDRESS 100 California Street, Suite 500
CITY-ST-ZIP San Francisco, CA 94111

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President & Director ☒ Change ☐ Addition
1.2 NAME Martin M. Koffel
1.3 STREET ADDRESS 100 California Street, Suite 500
1.4 CITY-ST-ZIP San Francisco, CA 94111

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Brummerstedt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Brummerstedt
Assistant Secretary

Date

Daytime Phone #

(415)
774-2700

CR2E034 (11/98)