

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90063 013 \*\*\*150.00

**DOCUMENT # F93000000467**

1. Entity Name

**MARSH LANDING DEVELOPMENT CORPORATION**



Principal Place of Business

ATTN: STATE TAX DEPT  
4 EMBARCADERO CENTER, SUITE 2200  
SAN FRANCISCO CA 94111  
US

Mailing Address

ATTN: STATE TAX DEPT  
4 EMBARCADERO CENTER, SUITE 2200  
SAN FRANCISCO CA 94111  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Four Embarcadero  
Suite #2200  
San Francisco, CA  
94111 USA**

**Four Embarcadero-Tax  
Suite #2200-Tax Dept  
San Francisco, CA  
94111 USA**

City & State

Zip



MOORE

CR2E034 (11/03)

4. FEI Number

**94-3174400**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ZECH, ROH H	
STREET ADDRESS	500 WEST MONROE	
CITY-ST-ZIP	CHICAGO IL 60661	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	GLENN, CURT F	
STREET ADDRESS	4 EMBARCADERO CENTER #2200	
CITY-ST-ZIP	SAN FRANCISCO CA 94411	
TITLE	VSC	<input checked="" type="checkbox"/> Delete
NAME	NORD, THOMAS C	
STREET ADDRESS	5953 MANCHESTER DR.	
CITY-ST-ZIP	OAKLAND CA	
TITLE	AVAS	<input type="checkbox"/> Delete
NAME	REINKE, ALAN M	
STREET ADDRESS	4 EMBARCADERO CENTER, SUITE 2200	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary IAN IRVINE 4 Embarcadero Ctr #2200 San Francisco, CA 94111</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Assistant Secretary JOHN S. BROWN 4 Embarcadero Ctr #2200 San Francisco, CA 94111</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*John S. Brown*  
**JOHN S. BROWN**  
Assistant Secretary

2/27/04 415955 3340

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #