

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90041 040 ***150.00

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1. Entity Name
MARSH LANDING DEVELOPMENT CORPORATION



#0370

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.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-3174400

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2003 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

11.

AND DIRECTORS IN 11

TITLE P
NAME CREWS, JESSE V
STREET ADDRESS 15 ALICE PLACE
CITY-ST-ZIP ORINDA CA 94536 ☒ Delete

TITLE P
NAME Ron H. Zech
STREET ADDRESS 500 West Monroe
CITY-ST-ZIP Chicago, IL 60661 ☒ Change ☒ Addition

TITLE
NAME VCFO
STREET ADDRESS GLENN, CURT F
CITY-ST-ZIP 4 EMBARCADERO CENTER #2200
SAN FRANCISCO CA 94411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME VSC
STREET ADDRESS NORD, THOMAS C
CITY-ST-ZIP 5953 MANCHESTER DR.
OAKLAND CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME AVAS
STREET ADDRESS REINKE, ALAN M
CITY-ST-ZIP 4 EMBARCADERO CENTER, SUITE 2200
SAN FRANCISCO CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME TINNON, RICHARD M.
STREET ADDRESS 4 EMBARCADERO CENTER STE 2200
CITY-ST-ZIP SAN FRANCISCO CA ☒ Delete

TITLE T
NAME William J. Hasek
STREET ADDRESS 500 West Monroe
CITY-ST-ZIP Chicago, IL 60661 ☒ Change ☒ Addition

TITLE V
NAME KANTER, GARY L
STREET ADDRESS 684 HAWTHORNE DRIVE
CITY-ST-ZIP TIBURON CA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

THOMAS C NORD

Date

Daytime Phone #

CR2E034 (10/02)