

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90148 006 ***150.00

DOCUMENT # F93000005896

1. Entity Name

ROWAN RESOURCES CORPORATION

Principal Place of Business

Mailing Address

**C/O TAX DEPT.
50 BEALE STREET
SAN FRANCISCO CA 94105****C/O TAX DEPT.
50 BEALE STREET
SAN FRANCISCO CA 94105-1813**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3111625

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	UNRUH, V. PAUL	50 BEALE ST	SAN FRANCISCO CA 94105	<input type="checkbox"/>
VPD	DOVE, ROBERT W	50 BEALE ST	SAN FRANCISCO CA 94105	<input type="checkbox"/>
CT	CHIU, PATRICIA	50 BEALE ST	SAN FRANCISCO CA 94105	<input type="checkbox"/>
AC	MARTELLO, M.E.	50 BEALE ST	SAN FRANCISCO CA	<input type="checkbox"/>
VPT	FRIED, BERNARD	50 BEALE ST	SAN FRANCISCO CA 94105	<input type="checkbox"/>
S	SEDAR, B. D.	50 BEALE ST	SAN FRANCISCO CA	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AT	ARNONE, P.J.	50 BEALE ST.	SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	FRIED, BERNARD	50 BEALE ST.	SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

M.E. MARTELLO

Assistant Controller

(Authorized Officer)

4/6/00**(415) 768-3500**

CR2E034 (9/99)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #