

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000671 (7)

1. Corporation Name

PRAGER, MCCARTHY & SEALY, INC.



Principal Place of Business

ONE MARITIME PLAZA
SUITE 1000
SAN FRANCISCO CA 94111
US

Mailing Address

ONE MARITIME PLAZA
SUITE 1000
SAN FRANCISCO CA 94111
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1994

4. FEI Number

94-3193210

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS ST.
SUITE 105
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	PDC	<input type="checkbox"/> DELETE
NAME	PRAGER, FREDRIC J	
STREET ADDRESS	ONE MARITIME PLAZA, 11TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, R J	
STREET ADDRESS	ONE MARITIME PLAZA, 11TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SEALY, DOUGLAS J	
STREET ADDRESS	ONE MARITIME PLAZA, 11TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Managing Director/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David R. Porter	
1.3 STREET ADDRESS	One Maritime Plaza, Suite 1000	
1.4 CITY-ST-ZIP	San Francisco, CA 94111	
2.1 TITLE	Managing Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David L. Ciapponi	
2.3 STREET ADDRESS	One Maritime Plaza, Suite 1000	
2.4 CITY-ST-ZIP	San Francisco, CA 94111	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *[Signature]* 4-28-98 (HIS) 4-28-98

CR2E034 (10/97)