


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

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90008 008 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F94000000671**

1. Corporation Name  
**PRAGER, MCCARTHY & SEALY, INC.**

Principal Place of Business <b>ONE MARITIME PLAZA SUITE 1000 SAN FRANCISCO CA 94111 US</b>	Mailing Address <b>ONE MARITIME PLAZA SUITE 1000 SAN FRANCISCO CA 94111 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/10/1994</b>	
21		26		4. FEI Number <b>94-3193210</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRAGER, FREDRIC J	1.2 NAME	
STREET ADDRESS	ONE MARITIME PLAZA, 11TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, R J	2.2 NAME	
STREET ADDRESS	ONE MARITIME PLAZA, 11TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEALY, DOUGLAS J	3.2 NAME	
STREET ADDRESS	ONE MARITIME PLAZA, 11TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	3.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID R PORTER	4.2 NAME	
STREET ADDRESS	ONE MARITIME PLZ #1000	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	4.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID L CIAPPONI	5.2 NAME	
STREET ADDRESS	ONE MARITIME PLZ #1000	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

**David R. Porter, CFO**

**3/29/99**

**(415)403-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)