

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90276 041 ***150.00

DOCUMENT # F94000005178

1. Entity Name
SA INVESTMENT GROUP, INC.



Principal Place of Business
**1 SUNAMERICA CENTER
37TH FLOOR
LOS ANGELES, CA 90067**

Mailing Address
**1 SUNAMERICA CENTER
37TH FLOOR
LOS ANGELES, CA 90067**

40078134



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

95-4494273

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WINTROB, JAY S
1 SUNAMERICA CENTER 37TH FLOOR
CENTURY CITY LOS ANGELES, CA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D/T
GILLIS, N. SCOTT
1 SUNAMERICA CENTER 37TH FLOOR
CENTURY CITY LOS ANGELES, CA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
NIXON, CHRISTINE A
1 SUNAMERICA CENTER 37TH FLOOR
CENTURY CITY LOS ANGELES, CA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
PUZON, VIRGINIA N
1 SUNAMERICA CENTER
LOS ANGELES, CA 900676022**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Virginia N. Puzon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA N. PUZON

04-20-07


Date

310.772.6000

Daytime Phone #

ATTACHMENT

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CITY - ST - ZIP	CENTURY CITY LOS ANGELES, CA
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NAME	GILLIS, N. SCOTT
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CITY - ST - ZIP	LOS ANGELES, CA 900676022
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SIGNATURE: Virginia N. Puzon VIRGINIA N. PUZON 04-20-07 310.772.6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #