FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F95000003547 (5)**

1. Corporation Name
CRESLEIGH MANAGEMENT, INC.

Principal Place of Business
433 CALIFORNIA ST., 7TH FL.
SAN FRANCISCO CA 94104-2011

Mailing Address
433 CALIFORNIA ST., 7TH FL.
SAN FRANCISCO CA 94104-2011

3. Date Incorporated or Qualified: **07/24/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **94-3033518** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name: MR JOHN MACKEY
82 Street Address (P.O. Box Number is Not Acceptable): 7550 AUGUSTA NATIONAL DR
83
84 City: ORLANDO FL 85 Zip Code: 32822

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: JOHN MACKEY — Signature (typed or printed name of resident agent) — John D. Mackey (Note: Registered Agent's signature required when resigning) — 4/25/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	LUI, LAWRENCE Y	
STREET ADDRESS	433 CALIFORNIA ST., 7TH FL.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104-2011	
TITLE	DV	☐ DELETE
NAME	CARTER, ANTONY	
STREET ADDRESS	433 CALIFORNIA ST., 7TH FL.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104-2011	
TITLE	D	☐ DELETE
NAME	LUI, GORRETTI	
STREET ADDRESS	433 CALIFORNIA ST., 7TH FL.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104-2011	
TITLE	S	☐ DELETE
NAME	WEIBLE, JOYCE M	
STREET ADDRESS	433 CALIFORNIA ST., 7TH FL.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104-2011	
TITLE	CFOT	☐ DELETE
NAME	LEUNG, WILFRED	
STREET ADDRESS	433 CALIFORNIA ST., 7TH FL.	
CITY-ST-ZIP	SAN FRANCISCO CA 94104-2011	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/22/96 Date — (415)982-7777 Daytime Phone #

CR2E034 (12/95)