


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000005338 1. Entity Name ACMC REALTY, INC.	
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Principal Place of Business 26901 AGOURA RD 200 CALABASAS HILLS, CA 91301 US	Mailing Address 26901 AGOURA RD 200 CALABASAS HILL, CA 91301 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4537645	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. 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, 2004 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 LEVINE, HOWARD J 26901 AGOURA RD, STE 200 CALABASAS HILLS, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WHITE, TIMOTHY L 26901 AGOURA RD, STE 200 CALABASAS HILLS, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIGER, DONNA 26901 AGOURA RD, STE 200 CALABASAS HILLS, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LEON, HOLLIS J 26901 AGOURA RD STE 200 CALABASSAS HILLS, CA 91301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/16/04-80044-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TE White 1-2-04 28-676-3216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #