Applied For

Fee Required \$5.00 May Be

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005884

1. Corporation Name

RARCIAVS GLORAL INVESTORS SERVICES INC

Principal Place of	Business	Mailing Address					
45 FREMONT ST. SAN FRANCISCO CA 94105		45 FREMONT ST. SAN FRANCISCO CA 94105					
¬ · · · · · , · · · · · · · · · · · · ·	of Business	2a. Mailing Address					
Suite, Apt. #, e		Suite, Apt. #, etc.					
21		26					
Suite, Apt. #, e		26 Suite, Apt. #, etc. 27 City & State 28					
Suite, Apt. #, e		26 Suite, Apt. #, etc. 27 City & State 28	Country				

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90050 034 ***158.75



DO NOT WRITE IN THIS SPACE

ī

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

12/04/1995 4. FEI Number

94-3231066

23		28					Trust Fund Contribution	n		Added to	> Fees	
Zip	Country	1	Zip		Country	1	8. This corporation owes	the current	year Inta			
24	25	29		30	0		Personal Property Tax.				No :	
	9. Name and Address of Curren	t Regi	stered Age	nt			10. Name and Address o	f New Regi	stered A	gent		
СТ	CODDODATION SYSTEM				81	Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					82	82 Street Address (P.O. Box Number is Not Acceptable)						
					83							
					63							
					84	City			FL	85 Zip C	ode	
44 Durauget	to the provisions of Sections 607.050	2 and 6	607 1508 F	lorida Statutes	the abov	e-named co	rooration submits this statement	for the pur	oose of c	hanging its	registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	ida. Such ch	lange was auth	orized by	the corpora	tion's board of directors. I hereb	y accept th	e appoin	tment as reg	jistered	
SIGNATURE								,	DATE		·	
40	Signature, typed or printed name of registered age			(NOTE: Re	egistered Age	nt signature requ	ired when reinstating) ADDITIONS/CHANGES			DIRECTO	RS IN 12	
12.	OFFICERS AN	אוט טוא		DELETE	1.1 TITLE		AUDITIONS/CHANGES	10 01110	LING AIN	Change	Addition	
TITLE	TINT, LAWRENCE G] DCLLIC	1.2 NAME		Director				_	
NAME	45 FREMONT ST.					TADDRESS						
STREET ADDRESS	SAN FRANCISCO CA 94105											
CITY-ST-ZIP	D		107	DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP	Director/Chair	man		X Change	K Addition	
TITLE			LA.	J DECE IE			Garrett F. Bou			L	44,1	
NAME	GRAUER, FREDERICK				2.2 NAME		45 Fremont Str					
STREET ADDRESS	45 FREMONT ST.					T ADDRESS			4105			
CITY-ST-ZIP	SAN FRANCISCO CA 94105			DELETE	2.4 CITY-1	ST-ZIP	San Francisco,	CA 3	4105	Change	☐ Addition	
TITLE	S MEDERO JOANNE T		<u> </u>	3 DELETE								
NAME	MEDERO, JOANNE T				3.2 NAME							
STREET ADDRESS	45 FREMONT ST.					TADDRESS						
CITY-ST-ZIP	SAN FRANCISCO CA 94105			DELETE	3.4 CITY-5	ST-ZIP				Change	☐ Addition	
TITLE	DINNI IALIANZE DATOZIA C		L_] DELETE	4.1 TITLE					L_I onlonge		
NAME	DUNN-JAHNKE, PATRICIA C				4.2 NAME	1						
STREET ADDRESS	45 FREMONT ST.					TADORESS						
CITY-ST-ZIP	SAN FRANCISCO CA 94105			1 DCLETE	4.4 CITY-S	ST- ZIP	19,000			Change	Addition	
TITLE	AS TERRI		L	DELETE	5.1 TITLE 5.2 NAME	ļ				☐ outlinge		
NAME	SLANE, TERRI					TADDRESS						
STREET ADDRESS					5.4 CITY- S	[
CITY-ST-ZIP	SAN FRANCISCO CA 94105	-		DELETE	6.1 TITLE	31.7IL				Change	☐ Addition	
TITLE	ELETCHED GEVEENEN		_	1 PEFEIG	6.2 NAME							
NAME	FLETCHER, GEOFFREY					T ADDRESS						
STREET ADDRESS	45 FREMONT ST.						•					
CITY-ST-ZIP	SAN FRANCISCO CA 94105 certify that the information supplied wi	#L #L:-	fling docs	of avalify for the	6.4 CITY-S		Section 110 07/31/i) Florida Si	tatutes I fur	ther cert	ify that the i	nformation	
indicated	certify that the information supplied wi on this annual report or supplementa	ui inis Lannua	al report is to	ue and accura	te and tha	it my signati	re shall have the same legal ef	fect as if ma	ide unde	r oath; that	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.