

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002141

1. Entity Name
CATELLUS COMMERCIAL DEVELOPMENT CORPORATION



FILED

03 APR 29 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
201 MISSION ST.
2ND FLOOR
SAN FRANCISCO CA 94105
US

Mailing Address
201 MISSION ST.
2ND FLOOR
SAN FRANCISCO CA 94105
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-3128390

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SR.V
BEAUDIN, TIMOTHY J
29029 UPPER BEAR CREEK ROAD, #203
EVERGREEN CO 80439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVAS
BRYAN, STEPHEN L
5720 LYNDON B. JOHNSON, STE. 190
DALLAS TX 75240-6386

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700017306737

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MYATT, DEAN J
201 MISSION STREET, 2ND FLOOR
SAN FRANCISCO CA 94105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
SECRETARY
WILLIE C. BOGAN
201 MISSION STREET, 2ND FLOOR
SAN FRANCISCO, CA 94105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LAU, WILLIAM M
201 MISSION STREET, 2ND FLOOR
SAN FRANCISCO CA 94105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VO
EISEN, JAMES J
201 MISSION STREET
SAN FRANCISCO CA 94105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
ASSISTANT SECRETARY
BARBARA POLSTER
201 MISSION STREET, 2ND FLOOR
SAN FRANCISCO, CA 94105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ANTENUCCI, TED R
165 S. UNION BLVD., STE 852
LAKEWOOD CO 80228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Barbara Polster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

415-974-3788
Daytime Phone #

CR2E034 (10/02)

2/2



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 072766 7157277

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2003

ORDER TIME : 9:49 AM

ORDER NO. : 072766-010

CUSTOMER NO: 7157277

CUSTOMER: Ms. Barbara Polster
Catellus Development
2nd Floor
201 Mission Street
San Francisco, CA 94105

ANNUAL REPORT FILING

NAME: CATELLUS COMMERCIAL
DEVELOPMENT CORPORATION

RECEIVED
03 APR 29 AM 10:25
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 1155

EXAMINER'S INITIALS: _____