

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003202 (6)

1. Corporation Name

GRT FINANCIAL, INC.

Principal Place of Business

400 SOUTH EL CAMINO REAL. STE. 1100  
SAN MATEO CA 94402-1708

Mailing Address

400 SOUTH EL CAMINO REAL. STE. 1100  
SAN MATEO CA 94402-1708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

94-3246189

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BATINOVICH, ROBERT	
STREET ADDRESS	441 ROEHAMPTON RD.	
CITY-ST-ZIP	HILLSBOROUGH CA 94010	

TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	BATINOVICH, ANDREW	
STREET ADDRESS	1201 MARLBOROUGH RD.	
CITY-ST-ZIP	HILLSBOROUGH CA 94010	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BOYLE, SANDRA L	
STREET ADDRESS	431 HULINGHAM	
CITY-ST-ZIP	SAN MATEO CA 94402	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	GARNICK, TERRI	
STREET ADDRESS	421 PARROTT DR.	
CITY-ST-ZIP	SAN MATEO CA 94402	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	AUSTIN, FRANK E	
STREET ADDRESS	180 E. CREEK DR.	
CITY-ST-ZIP	MENLO PARK CA 94025	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SAUL, STEPHEN	
STREET ADDRESS	312 MELROSE AVE.	
CITY-ST-ZIP	MILL VALLEY CA 94941	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman and CEO, and	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Batinovich, Robert	Director
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	President and COO, and	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Batinovich, Andrew	Director
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Boyle, Sandra L.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

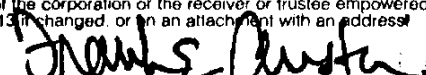
4.1 TITLE	SVP and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Garnick, Terri	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	SVP, CC and Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Austin, Frank E.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Saul, Stephen R.	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, unchanged, or in an attachment with an address.

SIGNATURE:



Frank E. Austin

4/23/98

(650) 343-9300

CR2E034 (10/97)