2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90016 031 ***150.00

DOCUMENT # F96000006510

1. Entity Name
SHERMAN, CLAY & CO.

Principal Place of Business	Mailing Address
1111 BAYHILL DRIVE, SUITE 450 SAN BRUNO, CA 94066-3035	1111 BAYHILL DRIVE, SUITE 450 SAN BRUNO, CA 94066-3035

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-0260400
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	COBD
NAME	RAVITCH, DONALD N
STREET ADDRESS	1111 BAYHILL DRIVE, SUITE 450
CITY-ST-ZIP	SAN BRUNO, CA 940663035
TITLE	CDOP
NAME	CONCKLIN, FRED W
STREET ADDRESS	1111 BAYHILL DRIVE, SUITE 450
CITY-ST-ZIP	SAN BRUNO, CA 940663035
TITLE	CEOD
NAME	SCHWARTZ, ERIC A
STREET ADDRESS	1111 BAYHILL DRIVE, SUITE 450
CITY-ST-ZIP	SAN BRUNO, CA 940663035
TITLE	CFO
NAME	RICHMOND, VICTOR J
STREET ADDRESS	1111 BAYHILL DRIVE, SUITE 450
CITY-ST-ZIP	SAN BRUNO, CA 940663035
TITLE	V
NAME	AUSTIN, THOMAS G
STREET ADDRESS	1111 BAYHILL DRIVE, SUITE 450
CITY-ST-ZIP	SAN BRUNO, CA 940663035
TITLE	V
NAME	MEHRENS, BILL J
STREET ADDRESS	1111 BAYHILL DRIVE, SUITE 450
CITY-ST-ZIP	SAN BRUNO, CA 940663035

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: Victor J. Richmond/CFO 1/6/04 (650)952-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #