

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

JAN 19 2005

FILED

Apr 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # F98000005845

1. Entity Name  
GRT IX, INC.



Principal Place of Business Mailing Address  
400 S EL CAMINO REAL #1100 400 S EL CAMINO REAL #1100  
SAN MATEO CA 94402-1708 SAN MATEO CA 94402-1708

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 94-3311280 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

7. Name and Address of New Registered Agent

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 remitting) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BATINOVICH, ANDREW	
STREET ADDRESS	400 S EL CAMINO REAL #1100	
CITY- ST- ZIP	SAN MATEO CA	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	STEELE, MICHAEL A	
STREET ADDRESS	400 S EL CAMINO REAL #1100	
CITY- ST- ZIP	SAN MATEO CA 94402-1708	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATINOVICH, ROBERT	
STREET ADDRESS	400 S EL CAMINO REAL #1100	
CITY- ST- ZIP	SAN MATEO CA	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	SAUL, STEPHEN R	
STREET ADDRESS	400 S. EL CAMINO REAL SUITE 1100	
CITY- ST- ZIP	SAN MATEO CA 94402-1708	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BOYLE, SANDRA L	
STREET ADDRESS	555 LAUREL STREET, PH #608	
CITY- ST- ZIP	SAN MATEO CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11000000285016	
STREET ADDRESS	04/02/05-80028-009 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: Stephn R. Saul, Secretary 3/28/05 650.343.9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #