

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

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Corporation Name
REDWOOD FINANCIAL SERVICES, INC.

Principal Place of Business

**REDWOOD HIGHWAY, #3140
MILL VALLEY CA 94941**

Mailing Address

**591 REDWOOD HIGHWAY, #3140
MILL VALLEY CA 94941**

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
110 E. Broward Blvd.		26		12/07/1998	
Suite, Apt. #, etc.		27		4. FEI Number	
19th Floor		27		APPLIED FOR 650876940	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Ft. Lauderdale FL		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33301 25 US		29 30			

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
85	Zip Code

I, 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Chief Operating Officer
NAME	LENNOX, JAMES J	1.2 NAME	William Bass
STREET ADDRESS	591 REDWOOD HIGHWAY, #3140	1.3 STREET ADDRESS	591 Redwood Highway, #3140
CITY-ST-ZIP	MILL VALLEY CA 94941	1.4 CITY-ST-ZIP	mill valley CA 94941
TITLE	V	2.1 TITLE	Chief Financial Officer
NAME	GETCHIS, JOHN	2.2 NAME	Martin S. Hughes
STREET ADDRESS	591 REDWOOD HIGHWAY, #3140	2.3 STREET ADDRESS	591 Redwood Highway, #3140
CITY-ST-ZIP	MILL VALLEY CA 94941	2.4 CITY-ST-ZIP	mill valley CA 94941
TITLE	ST	3.1 TITLE	
NAME	RATH, VICKIE L	3.2 NAME	
STREET ADDRESS	591 REDWOOD HIGHWAY, #3140	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILL VALLEY CA 94941	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HANSEN, DOUGLAS B	4.2 NAME	
STREET ADDRESS	591 REDWOOD HIGHWAY #3140	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILL VALLEY CA 94941	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	BULL, GEORGE E III	5.2 NAME	
STREET ADDRESS	591 REDWOOD HIGHWAY #3140	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILL VALLEY CA 94941	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/99

Date

(415) 389-7373

Daytime Phone #