

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003178

1. Entity Name

MENEMSHA DEVELOPMENT GROUP, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90008 039 ***150.00

Principal Place of Business Mailing Address
525 SOUTH DOUGLAS STREET, SUITE 230 525 SOUTH DOUGLAS STREET, SUITE 230
EL SEGUNDO CA 90245 EL SEGUNDO CA 90245-4827

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number 33-0517470 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	DAIGLE, JOHN V	
STREET ADDRESS	525 SOUTH DOUGLAS STREET, SUITE 230	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SPERONI, THOMAS	
STREET ADDRESS	525 SOUTH DOUGLAS STREET, SUITE 230	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANDLEY, RONALD	
STREET ADDRESS	525 SOUTH DOUGLAS STREET, SUITE 230	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA BAYER
Chief Operating Officer

Date

Daytime Phone #

1/24/2000 310 343-3430

CR2E034 (9/99)