## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 13, 2001 8:00 am DOCUMENT # F99000005352 **Secretary of State** 1. Entity Name **EPLANNING SECURITIES, INC.** 03-13-2001 90083 036 \*\*\*150.00 Principal Place of Business Mailing Address 50 CALIFORNIA STREET. #2900 650 CALIFORNIA STREET. #2900 SAN FRANCISCO CA 94108 SAN FRANCISCO CA 94108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 94-3308510 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ☐ Change TITLE TITLE Delete GAMBLE, CLIFFORD N JR. NAME MAME 650 CALIFORNIA STREET, #2900 STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94108 CITY-ST-ZIP CITY-ST-7IP EVP, Secretary Change Addition **Delete** TITLE TITLE NICHOLSON, BARRY Gary M. Sawka 650 California St, #2900 NAME NAME STREET ADDRESS 650 CALIFORNIA STREET, #2900 STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94108 CITY-ST-ZIP San Francisco, CA TD ☐ Addition ☐ Change TITLÉ Delete TITLE **BROWN, GIBBS** NAME NAME 650 CALIFORNIA STREET, #2900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94108 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empsystered 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 altother like empsystered.

SIGNATURE: