Current Principal Place of Business: 39 STILLMAN STREET 
SAN FRANCISCO, CA 94107 

Current Mailing Address: P.O. BOX 78350 
SAN FRANCISCO, CA 94107 

New Principal Place of Business: 

New Mailing Address: 

CT CORPORATION SYSTEM 
1200 S PINE ISLAND RD 
PLANTATION, FL 33324 
US 

FEI Number: 20-0049703 
FEI Number Applied For ( ) 
FEI Number Not Applicable ( ) 
Certificate of Status Desired ( ) 

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 
1200 S PINE ISLAND RD 
PLANTATION, FL 33324 
US 

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: 

Electronic Signature of Registered Agent 

OFFICERS AND DIRECTORS: 

Title: EC ( ) Delete 
Name: WALES, JIMMY D MR. 
Address: P.O. BOX 78350 
City-St-Zip: SAN FRANCISCO, CA 94107 US 

Title: C ( ) Delete 
Name: SNOW, MICHAEL MR 
Address: P.O. BOX 78350 
City-St-Zip: SAN FRANCISCO, CA 94107 US 

Title: VC ( ) Delete 
Name: D'VREDEE, JAN BART MR. 
Address: P.O. BOX 78350 
City-St-Zip: SAN FRANCISCO, CA 94107 US 

Title: ED ( ) Delete 
Name: GARDNER, SUE MS. 
Address: P.O. BOX 78350 
City-St-Zip: SAN FRANCISCO, CA 94107 US 

Title: DD ( ) Delete 
Name: MCELLER, ERIK MR. 
Address: P.O. BOX 78350 
City-St-Zip: SAN FRANCISCO, CA 94107 US 

Title: GC ( ) Delete 
Name: MICHAEL, GODWIN MR. 
Address: P.O. BOX 78350 
City-St-Zip: SAN FRANCISCO, CA 94107 US 

Title: CFOO ( ) Change ( ) Addition 
Name: VERONIQUE, KESSLER 
Address: P.O. BOX 78350 
City-St-Zip: SAN FRANCISCO, CA 94107 US 

Title: ( ) Change ( ) Addition 
Name: 
Address: 
City-St-Zip: 

Title: ( ) Change ( ) Addition 
Name: 
Address: 
City-St-Zip: 

Title: ( ) Change ( ) Addition 
Name: 
Address: 
City-St-Zip: 

Title: ( ) Change ( ) Addition 
Name: 
Address: 
City-St-Zip: 

Title: ( ) Change ( ) Addition 
Name: 
Address: 
City-St-Zip: 

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes, and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE GARDNER 
Electronic Signature of Signing Officer or Director 

Date: 05/22/2009