FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P08610** **(8)**

1. Corporation Name
MAXSON YOUNG ASSOCIATES, INC.

Principal Place of Business	Mailing Address
ONE SANSOME STREET SUITE 950 SAN FRANCISCO CA 94104-4429 US	ONE SANSOME STREET SUITE 950 SAN FRANCISCO CA 94117 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/02/1986**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **51-0289022** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DONNELLY, MICHAEL
300 ARAGON AVE. #370
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEPOLE, RAYMOND J.		1.2 NAME		
STREET ADDRESS	ONE SANSOME ST., STE 950		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DONOVAN, JAMES J.		2.2 NAME		
STREET ADDRESS	45 W. 45TH ST., STE 1100		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MICHAEL P. WATTERS		3.2 NAME		
STREET ADDRESS	45 W. 45TH ST., STE 1100		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL A. YORK		4.2 NAME		
STREET ADDRESS	45 W. 45TH ST., STE 1100		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STAFFORD, CHRISTOPHER S.		5.2 NAME		
STREET ADDRESS	45 W. 45TH ST., STE 1100		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARGER, WILLIAM J.		6.2 NAME		
STREET ADDRESS	1220 WABASH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA		6.4 CITY-ST-ZIP		

5/27

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14. 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.

Clyde Taylor

SIGNATURE _____ DATE _____

CR2E034 (10/97)