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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90035 030 ***150.00

DOCUMENT # P08610

1. Corporation Name
MAXSON YOUNG ASSOCIATES, INC.



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

Mailing Address
ONE SANSOME STREET
SUITE 950
SAN FRANCISCO CA 94117
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		01/02/1986		51-0289022		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes the current year Intangible		Personal Property Tax.	
22		27		6. Election Campaign Financing		Trust Fund Contribution		8. Yes No	
City & State		City & State		7. \$8.75 Additional Fee Required		5.00 May Be Added to Fees			
23		28							
Zip Country		Zip Country							
24		29							
25		30							

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 Mike Watters
82 Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Road, Ste. 906
83
84 City Coral Gables FL 85 Zip Code 33134-6134

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 Mike Watters, VD DATE 3/3/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS DEPOLE, RAYMOND J. <input type="checkbox"/> DELETE	1.1 TITLE	VD Art Campos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE SANSOME ST., STE 950	1.2 NAME	1 S. 450 Summit Ave, ste 370
STREET ADDRESS	SAN FRANCISCO CA	1.3 STREET ADDRESS	Oakbrook Terrace, IL 60181-3976
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DONOVAN, JAMES J. <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	45 W. 45TH ST., STE 1100	2.2 NAME	
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD MICHAEL P. WATTERS <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	45 W. 45TH ST., STE 1100	3.2 NAME	
STREET ADDRESS	NEW YORK NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD RUSSELL A. YORK <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	45 W. 45TH ST., STE 1100	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD STAFFORD, CHRISTOPHER S. <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	45 W. 45TH ST., STE 1100	5.2 NAME	
STREET ADDRESS	NEW YORK NY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BARGER, WILLIAM J. <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	1220 WABASH ST.	6.2 NAME	
STREET ADDRESS	PASADENA CA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Kay* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 (415) 392-6034

CR2E034 (11/98)