

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90003 036 ***150.00

DOCUMENT # P08610

1. Entity Name

MAXSON YOUNG ASSOCIATES, INC.



Principal Place of Business

180 MONTGOMERY STREET
SUITE 2100
SAN FRANCISCO CA 94104
US

Mailing Address

180 MONTGOMERY STREET
SUITE 2100
SAN FRANCISCO CA 94104
US

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

51-0289022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTERS, MIKE
2600 DOUGLAS ROAD
STE 906
CORAL GABLES FL 33134-6134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME CAMPOS, ART
STREET ADDRESS 1 S 450 SUMMIT AVE STE 370
CITY-ST-ZIP OAKBROOK TERRACE FL 60181-3976

TITLE VP / S ☐ Change ☒ Addition
NAME DEPOLE, RAYMOND
STREET ADDRESS 180 MONTGOMERY ST. STE 2100
CITY-ST-ZIP SAN FRANCISCO, CA 94104

TITLE VP ☐ Delete
NAME DONOVAN, JAMES J.
STREET ADDRESS 45 W. 45TH ST., STE 1100
CITY-ST-ZIP NEW YORK NY

TITLE VP / CFO ☐ Change ☒ Addition
NAME FAIMALI, JOSEPH
STREET ADDRESS 180 MONTGOMERY ST. STE 2100
CITY-ST-ZIP SAN FRANCISCO, CA 94104

TITLE VP ☐ Delete
NAME MICHAEL P. WATTERS
STREET ADDRESS 45 W. 45TH ST., STE 1100
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME CHALFANT, VERNON
STREET ADDRESS 3260 POINT PARK, SUITE 100
CITY-ST-ZIP NORCROSS GA 30092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME STAFFORD, CHRISTOPHER S.
STREET ADDRESS 45 W. 45TH ST., STE 1100
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BARGER, WILLIAM J.
STREET ADDRESS 1220 WABASH ST.
CITY-ST-ZIP PASADENA CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph A. Faimali* **JOSEPH A. FAIMALI** 3/30/04 (415) 228-6476
Date Daytime Phone #