FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAY -1 AM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10733** **(4)**

1. Corporation Name

CLAYTON, WILLIAMS & SHERWOOD, INC.

Principal Place of Business	Mailing Address
800 NEWPORT CENTER DR., SUITE 400 NEWPORT BEACH CA 92660	800 NEWPORT CENTER DR., SUITE 400 NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **07/10/1986**

3a. Date of Last Report: **02/03/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

ZIP — 24 County — 25

ZIP — 29 County — 30

4. FEI Number: **95-3026466** — 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. Has corporation had liability for corporate tax under s. 220.02, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHERWOOD, JOSEPH 2500 MAITLAND CENTER PARKWAY SUITE #105 MAITLAND 32751	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 Section 607.0505, Florida Statutes, the above named corporation agrees that it will comply with the provisions of that section relative to keeping open a registered office and registered agent 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 that position as provided for in Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS
DCS WILLIAMS, BYRON L. 800 NEWPORT CENTER DR. NEWPORT BEACH CA	☐ Change ☐ Addition
PTD SHERWOOD, STEVEN J. 800 NEWPORT CENTER DR. NEWPORT BEACH CA	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, accurate and complete. I am executing this report in accordance with 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 I am aware any false information submitted in a document may subject me to criminal penalties.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/25/95 — (714) 640-4200

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