

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P10733 (4)**

1. Corporation Name
CLAYTON, WILLIAMS & SHERWOOD, INC.



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/10/1986	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 95-3026466	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHERWOOD, JOSEPH 2500 MATLAND CENTER PARKWAY SUITE #105 MATLAND 32751		81. Name Joseph Sherwood	85. Zip Code FL 32751
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	

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 reappointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DCS	WILLIAMS, BYRON L. 800 NEWPORT CENTER DR. NEWPORT BEACH CA	1. TITLE Joseph Sherwood	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PTD	SHERWOOD, STEVEN J. 800 NEWPORT CENTER DR. NEWPORT BEACH CA	2. TITLE Sean Breslin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/16/96 (714) 640-4200

CR2E034 (12/95)