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

3. Date Incorporated or Qualified: **07/10/1986**
3a. Date of Last Report: **05/01/1995**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
SHERWOOD, JOSEPH
2500 MAITLAND CENTER PARKWAY
SUITE #105
MAITLAND 32751

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS

TITLE	DCS	☐ DELETE
NAME	WILLIAMS, BYRON L.	
STREET ADDRESS	800 NEWPORT CENTER DR.	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	PTD	☐ DELETE
NAME	SHERWOOD, STEVEN J.	
STREET ADDRESS	800 NEWPORT CENTER DR.	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Joseph Sherwood	☐ Change ☑ Addition
1.2 NAME	V	
1.3 STREET ADDRESS	2500 Maitland Center Parkway #105	
1.4 CITY-ST-ZIP	Maitland, FL 32751	
2.1 TITLE	V	☐ Change ☑ Addition
2.2 NAME	Sean Breslin	
2.3 STREET ADDRESS	800 Newport Center Dr. #400	
2.4 CITY-ST-ZIP	Newport Beach, CA 92660	
3.1 TITLE	V	☐ Change ☑ Addition
3.2 NAME	Gary C. Carmell	
3.3 STREET ADDRESS	800 Newport Center Drive #400	
3.4 CITY-ST-ZIP	Newport Beach, CA 92660	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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
Date Daytime Phone #

CR2E034 (12/95)