2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P21999 Mar 07, 2000 8:00 am **Secretary of State** NURSERYMEN'S EXCHANGE, INC. 03-07-2000 90083 032 ***150.00 Principal Place of Business Mailing Address 475 SIXTH STREET 475 SIXTH STREET SAN FRANCISCO CA 94103 SAN FRANCISCO CA 94103-4706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 94-1424729 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ■ Addition TITLE ☐ Delete NAME PEARLSTEIN, JACK STREET ADDRESS STREET ADDRESS 475 6TH STREET CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA ☐ Addition ☐ Change STD ☐ Delete TITLE TITLE NAME NAME HOLLINGSWORTH, GAIL STREET ADDRESS STREET ADDRESS 475 6TH STREET CITY-ST-ZIP CITY-ST-7IP SAN FRANCISCO CA 94103 ☐ Addition TITLE Defete TITLE NAME DIRKES, GEORGE R NAME 300 Drakes Landing Rd., Suite STREET ADDRESS 601 MONTGOMERY ST SUITE 900 STREET ADDRESS Greenbrae, CA 94904 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94111 ☐ Change ☐ Addition TITLE Delete TITLE NAME JEWELER, RICHARD S NAME STREET ADDRESS STREET ADDRESS 1299 FOURTH ST SUITE 409 CITY-ST-ZIP CITY-ST-ZIP SAN RAFAEL CA 94901 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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 11 or Block 12 if