2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P21999

1. Entity Name
NURSERYMEN'S EXCHANGE, INC.

Principal Place of Business	Mailing Address
475 SIXTH STREET SAN FRANCISCO, CA 94103	475 SIXTH STREET SAN FRANCISCO, CA 94103

03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-1424729
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ 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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEARLSTEIN, JACK
STREET ADDRESS	475 6TH STREET
CITY-ST-ZIP	SAN FRANCISCO, CA 94103
TITLE	STD
NAME	HOLLINGSWORTH, GAIL
STREET ADDRESS	475 6TH STREET
CITY-ST-ZIP	SAN FRANCISCO, CA 94103
TITLE	D
NAME	DIRKES, GEORGE R
STREET ADDRESS	300 DRAKES LANDING RD STE 120
CITY-ST-ZIP	GREENBRAE, CA 94904
TITLE	D
NAME	JEWELER, RICHARD S
STREET ADDRESS	300 DRAKES LANDING RD., STE 120
CITY-ST-ZIP	GREENBRAE, CA 94904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000105018829
04/25/06-80080-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gail Hollingsworth Gail Hollingsworth 3/30/06 (650) 726-6361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #