2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P21999

Entity Name: NURSERYMEN'S EXCHANGE, INC.

Current Principal Place of Business:

2651 N CABRILLO HWY
HALF MOON BAY, CA 94019

New Principal Place of Business:

Current Mailing Address:

2651 N CABRILLO HWY
HALF MOON BAY, CA 94019

New Mailing Address:

FEI Number: 94-1424729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PEARLSTEIN, JACK
Address: 2651 N CARBRILLO HWY
City-St-Zip: HALF MOON BAY, CA 94019

Title: STD
Name: HOLLINGSWORTH, GAIL
Address: 2651 N CABRILLO HWY
City-St-Zip: HALF MOON BAY, CA 94019

Title: D
Name: DIRKES, GEORGE R
Address: 300 DRAKES LANDING RD STE 120
City-St-Zip: GREENBRAE, CA 94904

Title: D
Name: JEWELER, RICHARD S
Address: 300 DRAKES LANDING RD., STE 120
City-St-Zip: GREENBRAE, CA 94904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENN IWAMASA MR 04/26/2011

Electronic Signature of Signing Officer or Director — Date