

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90142 024 \*\*\*158.75

DOCUMENT # P34812

1. Corporation Name

PROGRESSIVE ASSET MANAGEMENT, INC.



Principal Place of Business

1814 FRANKLIN ST., SUITE 710  
OAKLAND CA 94612

Mailing Address

1814 FRANKLIN ST., SUITE 710  
OAKLAND CA 94612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1991

4. FEI Number

94-3048535

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CFPD ☐ DELETE

NAME LEENSON, ERIC  
STREET ADDRESS 2716 RUSSELL ST.  
CITY-ST-ZIP BERKELEY CA

TITLE D ☐ DELETE

NAME SAIKA, PEGGY  
STREET ADDRESS 1408 TRESTLE GLEN ROAD  
CITY-ST-ZIP OAKLAND CA 94610

TITLE CD ☐ DELETE

NAME CAMEJO, PETER  
STREET ADDRESS 116 SHERWOOD LANE  
CITY-ST-ZIP ALAMEDA CA

TITLE DS ☐ DELETE

NAME CARTIER, CATHERINE  
STREET ADDRESS 961 RELIEZ STATION RD.  
CITY-ST-ZIP LAFAYETTE CA

TITLE D ☐ DELETE

NAME STEIN, KALMAN  
STREET ADDRESS 12216 RED CHURCH COURT  
CITY-ST-ZIP POTOMAC MD 20854

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1010 VALEROSA PLACE  
3.4 CITY-ST-ZIP WALNUT CREEK CA 94596

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 9821 BETTEKER LANE  
5.4 CITY-ST-ZIP POTOMAC MD 20854-2125

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

510-834-3722

Daytime Phone #

CR2E034 (11/98)