## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P36244** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name CYPRESS EQUIPMENT MANAGEMENT CORPORATION II 04-27-2000 90054 045 \*\*\*150.00 Principal Place of Business Mailing Address ONE SANSOME STREET. SUITE 1900 ONE SANSOME STREET, SUITE 1900 SAN FRANCISCO CA 94104-4448 SAN FRANCISCO CA 94104 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 94-3144574 Not Applicable \_ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Change TITI F Delete TITLE Ken Park NAME RENNICK, PATRICK NAME One Sansome Street, #1900 STREET ADDRESS STREET ADDRESS ONE SANSOME STREET, #1900 CITY-ST-ZIP CITY-ST-ZIP San Francisco, SAN FRANCISCO CA 94104 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME BELLE, LISA LA NAME STREET ADDRESS STREET ADDRESS ONE SANSOME STREET, #1900 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94104 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HARWOOD, STEVE NAME STREET ADDRESS STREET ADDRESS ONE SANSOME STREET, #1900 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94104 ☐ Change ☐ Addition TITLE Delete NAJJAR, ALEX NAME NAME STREET ADDRESS STREET ADDRESS ONE SANSOME STREET, #1900 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94104 Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-W

415 951-4610

Daytime Phone #