2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P36244 DOCUMENT

1. Entity Name

Principal Place of Business

SAN FRANCISCO CA 94104

ONE SANSOME STREET. SUITE 1900

CYPRESS EQUIPMENT MANAGEMENT CORPORATION II



rileD Mar 20, 2003 8:00 am Secretary of State

Mailing Address ONE SANSOME STREET, SUITE 19	00
SAN FRANCISCO CA 94104	

2. Principal Place of Business 3. Mailing Address 188 The Embarcadero 188 The Embarcadero						'I DIBII BIBII BIBII DIBII	E1414 01011 1091	
Suite, Apt. #, etc. 420					CHECK HERE IF MAKING CHANGES			
Sity & State Francisc > San Francisc			CL'SCO	4. F	El Number 94-3144574	} →	Applied For Not Applicable	
9410	Country	BUIDS	Country	5. (Certificate of Status Desired	\$8.75 Ac	dditional	
6. Name and Address of Current Registered Agent			<i>J</i> - <i>y</i>	7. Name and Address of New Registered Agent				
OT CORPORATION CYCTEM				Name .				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
	ON FL 33324							
4			City	City FL 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. I am familiar with, and accept								
the obligations of registered agent.								
SIGNATURE								
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signatur	e required when re	instating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					9. Election Campaign Financ		00 May Be	
Make Check Payable to Florida Department of State					Trust Fund Contribution.	L.i Adde	ed to Fees	
10.	OFFICERS AND D	IRECTORS	11.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11	
TITLE	VP Park, Ken	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	ONE SANSOME STREET, #1900		NAME STREET ADDRESS					
CITY-ST-ZIP	SAN FRANCISCO CA 94104		CITY-ST-ZIP					
TITLE	VP	□ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	REIGEL, LISA ONE SANSOME STREET, #1900		NAME STREET ADDRESS					
CITY-ST-ZIP	SAN FRANCISCO CA 94104		CITY-ST-ZIP					
TITLE	ρ	Delete	TITLE			☐ Change	Addition	
NAME	HARWOOD, STEVE		NAME OTREST ADDRESS					
STREET ADDRESS CITY-ST-ZIP	ONE SANSOME STREET, #1900 SAN FRANCISCO CA 94104		STREET ADDRESS CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE	<u>-</u>		☐ Change	Addition	
NAME	NAJJAR, ALEX		NAME					
STREET ADDRESS CITY-ST-ZIP	ONE SANSOME STREET, #1900 SAN FRANCISCO CA 94104		STREET ADDRESS CITY-ST-ZIP					
TITLE	OF THE THE OLD CAN STREET	Delete	TITLE			☐ Change	Addition	
NAME		L Doloic	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		□ 6-14-	CITY-ST-ZIP			☐ Chance	Addition	
TITLE NAME		☐ Delete	NAME	13 945	Some of the second	☐ Change	Addition	
STREET ADDRESS		, , , , , , , , , , , , , , , , , , ,	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		440.07/01/01/01	* * * * * * * * * * * * * * * * * * * *	.,,	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HATURE REQUIRED