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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90074 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000008572

1. Corporation Name

HUNTINGTON MANAGEMENT CORPORATION

Principal Place of Business

3400 LAKESIDE DRIVE
SUITE 500
MIRAMAR FL 33027
US

Mailing Address

3400 LAKESIDE DRIVE
SUITE 500
MIRAMAR FL 33027
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1993

4. FEI Number

65-0384855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Four Embarcadero Center

Suite, Apt. #, etc.

22 Suite 2650

City & State

23 San Francisco CA

Zip

24 94111

Country

25 USA

2a. Mailing Address

26 Four Embarcadero Center

Suite, Apt. #, etc.

27 Suite 2650

City & State

28 San Francisco CA

Zip

29 94111

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	PTVP	<input checked="" type="checkbox"/> DELETE
NAME	SIEGEL, DAVID L	
STREET ADDRESS	3400 LAKESIDE DRIVE SUITE #500	
CITY-ST-ZIP	MIRAMAR FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edmond A. Kavounas	
1.3 STREET ADDRESS	325 Greenwich Avenue, 3rd floor	
1.4 CITY-ST-ZIP	Greenwich CT 06830	

2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John F. Taylor	
2.3 STREET ADDRESS	Four Embarcadero Center, Ste. 2650	
2.4 CITY-ST-ZIP	San Francisco CA 94111	

3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Peter J. Falco	
3.3 STREET ADDRESS	325 Greenwich Avenue, 3rd floor	
3.4 CITY-ST-ZIP	Greenwich CT 06830	

4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Donald L. Clark	
4.3 STREET ADDRESS	Four Embarcadero Center, Ste. 2650	
4.4 CITY-ST-ZIP	San Francisco CA 94111	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Donald L. Clark

(415) 772-0584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034-1.1/QR