2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032236

Entity Name: JARON, INC.

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE POST STREET SAN FRANCISCO, CA 94104 LIS **Current Mailing Address: New Mailing Address:** ONE POST STREET ONE POST STREET, 35TH FLOOR ATTN: MELISSA WU ATTN: GLENETTE E. BABB SAN FRANCISCO, CA 94104 US SAN FRANCISCO, CA 94104 US FEI Number: 65-0662045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JULIAN, PAUL C Name: Name: ONE POST STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 US City-St-Zip: Title: Title: SD () Delete (X) Change () Addition BOGAN, WILLIE C Name: Name: BOGAN, WILLIE C ONE POST STREET ONE POST STREET Address: Address: SAN FRANCISCO, CA 94104 US SAN FRANCISCO, CA 94104 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition LOIACONO, NICHOLAS A Name: Name: ONE POST STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 US City-St-Zip: Title: AS () Delete Title: (X) Change () Addition BABB, GLENETTE E SHUFORD, ANNE J Name: Name: Address: ONE POST STREET Address: ONE POST STREET City-St-Zip: SAN FRANCISCO, CA 94104 US City-St-Zip: SAN FRANCISCO, CA 94104 US Title: Title: () Change () Addition () Delete Name: WU, MELISSA Name: ONE POST STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MELISSA WU AS 04/17/2008