

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90120 019 \*\*\*150.00

DOCUMENT # P96000101820

1. Corporation Name  
MMWD, INC.



Principal Place of Business

P.O. BOX 193730  
SAN FRANCISCO CA 94119-3730

Mailing Address

P.O. BOX 193730  
SAN FRANCISCO CA 94119-3730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

94-3260154

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

21 332 2nd Street

2a. Mailing Address

26 Same as Block 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Oakland, Ca

City & State

28

Zip

24 94607

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SIFRIT, ROBERT C  
2315 AARON STREET  
PORT CHARLOTTE FL 33952

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 D ☐ DELETE

NAME ARKO, FRITZ  
STREET ADDRESS 33 ESCALON DRIVE  
CITY-ST-ZIP MILL VALLEY CA 94941

TITLE DP ☐ DELETE

NAME MAJUA, MARGARET  
STREET ADDRESS 1150 ESTATES DRIVE  
CITY-ST-ZIP LAFAYETTE CA 94549

TITLE DV ☒ DELETE

NAME MACINTOSH, DAVID  
STREET ADDRESS 533 ZENITH RIDGE DR.  
CITY-ST-ZIP DANVILLE CA 94506

TITLE DS ☐ DELETE

NAME HAGERMAN, DAVID  
STREET ADDRESS 740 CASTRO STREET  
CITY-ST-ZIP SAN FRANCISCO CA 94114

TITLE D ☐ DELETE

NAME MACINTOSH, ROBERT S  
STREET ADDRESS 225 CONIFER TERRACE  
CITY-ST-ZIP DANVILLE CA 94506

TITLE D ☐ DELETE

NAME COURTNEY, RONALD  
STREET ADDRESS 2141 DOVER COURT  
CITY-ST-ZIP WALNUT CREEK CA 94595

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME VPTCFO  
1.3 STREET ADDRESS Robert A Kadie  
1.4 CITY-ST-ZIP 332 2nd Street  
Oakland, Ca 94607

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  
3.4 CITY-ST-ZIP

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  
5.4 CITY-ST-ZIP

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 119.073(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 a letter like empowered.

SIGNATURE:

Robert A Kadie

4-12-99 (510) 286-2284

Date

Daytime Phone #

CR2E034 (11/98)