

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P96000101820

1. Entity Name  
MMWD, INC.



Principal Place of Business

332 2ND ST  
OAKLAND, CA 94607 US

Mailing Address

332 2ND ST  
OAKLAND, CA 94607 US



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
94-3260154

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOUTH, THOMAS  
14348 TAMBORINE DR  
ORLANDO, FL 32837

**DO NOT WRITE  
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000909628  
05/06/08-80078-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARKO, FRITZ
STREET ADDRESS	33 ESCALON DRIVE
CITY-ST-ZIP	MILL VALLEY, CA 94941
TITLE	DP
NAME	MAJUA, MARGARET
STREET ADDRESS	1150 ESTATES DRIVE
CITY-ST-ZIP	LAFAYETTE, CA 94549
TITLE	VCFO
NAME	KADIE, ROBERT A
STREET ADDRESS	332 2ND ST
CITY-ST-ZIP	OAKLAND, CA 94607
TITLE	DS
NAME	HAGERMAN, DAVID
STREET ADDRESS	740 CASTRO STREET
CITY-ST-ZIP	SAN FRANCISCO, CA 94114
TITLE	D
NAME	MACINTOSH, ROBERT S
STREET ADDRESS	225 CONIFER TERRACE
CITY-ST-ZIP	DANVILLE, CA 94506
TITLE	D
NAME	COURTNEY, RONALD
STREET ADDRESS	2141 DOVER COURT
CITY-ST-ZIP	WALNUT CREEK, CA 94595

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/08 (510) 802 2284