**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S82741** **(7)**

1. Corporation Name
**MENAGE A TROIS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 35 OLD KINGS RD. N.<br>PALM COAST FL 32137<br>US | 3643 A1A SOUTH<br>ST. AUGUSTINE FL 32084<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1991**
3a. Date of Last Report: **10/05/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26 **2200 Powell Street**
Suite, Apt. #, etc.
27 **Suite 800**
City & State
28 **Emeryville, CA**
Zip 29 **94608** County 30 **USA**

4. FEI Number: **59-3086830** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**POWELL, LYNNE**
**3643 A1A SOUTH**
**ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

01 Name: The Prentice-Hall Corporation System, Inc.
02 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
03: Suite 105
04 City: Tallahassee **FL** 05 Zip Code: 32301

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: X Vicki Schreiber 4/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | PD | ☒ Change ☐ Addition |
| NAME | POWELL, LYNNE | 12 NAME | Glasser, Harvey | |
| STREET ADDRESS | 5566 PELICAN WAY | 13 STREET ADDRESS | 2200 Powell Street, Suite 800 | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 14 CITY-ST-ZIP | Emeryville, CA 94608 | |
| TITLE | VD | 21 TITLE | VSD | ☒ Change ☐ Addition |
| NAME | RICH, MICHAEL | 22 NAME | Haas, Jim | |
| STREET ADDRESS | 5173 ATLANTIC VIEW | 23 STREET ADDRESS | 2200 Powell Street, Suite 800 | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 24 CITY-ST-ZIP | Emeryville, CA 94608 | |
| TITLE | STD | 31 TITLE | TSD | ☐ Change ☒ Addition |
| NAME | NORTON, ELIZABETH | 32 NAME | Murphy, Jim | |
| STREET ADDRESS | 5438 A1A SOUTH | 33 STREET ADDRESS | 2200 Powell Street, Suite 800 | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 34 CITY-ST-ZIP | Emeryville, CA 94608 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | TLS 4/24/94 | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | 300001465183 | |
| STREET ADDRESS | | 53 STREET ADDRESS | -04/26/95--01053--017 | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | ****200.00 ****200.00 | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

**SIGNATURE:** X [signature] Dr. Harvey Glasser 4/20/95 510-420-0900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0402000 FP