


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90045 021 ***158.75

DOCUMENT # G79652			
1. Entity Name E.C. DRIVER & ASSOCIATES, INC.			
Principal Place of Business 150 E PALMETTO PARK RD. STE. 400 BOCA RATON, FL 33432		Mailing Address 150 E PALMETTO PARK RD. STE. 400 BOCA RATON, FL 33432 US	
2. Principal Place of Business		3. Mailing Address 600 MONTGOMERY STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 25th FLOOR	
City & State		City & State SAN FRANCISCO CA	
Zip		Zip 94111	
Country		Country USA	
4. FEI Number 59-2375705		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, MARVIN J	NAME	
STREET ADDRESS	ONE PENN PLAZA, STE 610	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10119	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HUGH	NAME	
STREET ADDRESS	3676 HARTSFIELD RD.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHAGARRUA, MARIO	NAME	
STREET ADDRESS	150 E. PALMETTO PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 33432	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANDEGIAN, GARY Y	NAME	
STREET ADDRESS	600 MONTGOMERY ST., 25TH FLR.	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMMERSTEDT, CAROL	NAME	
STREET ADDRESS	600 MONTGOMERY ST., 25TH FLR.	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
TITLE	DVCO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AINSWORTH, KENT P	NAME	
STREET ADDRESS	100 CALIFORNIA ST STE 300	STREET ADDRESS	600 MONTGOMERY ST., 25th R.
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	CITY-ST-ZIP	
12. 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 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: <i>Carol Brummerstedt</i>		Date: <i>3/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>415-774-7700</i>	

50032351



ATTACHMENT

E.C. DRIVER ASSOCIATES, INC.
Document Number G79652

50032351
#G79652

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MASTERS, JOSEPH	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GALLEN, ROBERT M.	NAME	
STREET ADDRESS	7650 W. Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PHILLIPS, JAMES	NAME	
STREET ADDRESS	7119 Beech Ridge Trail	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PEDALINO, PETER	NAME	
STREET ADDRESS	Mack-Cali Centre II, One Mack Centre Drive	STREET ADDRESS	
CITY-ST-ZIP	Paramus, NJ 07652	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	COSTA, LUIS A.	NAME	
STREET ADDRESS	150 E. Palmetto Park Road	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 33432	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MALDONADO, LUIS E.	NAME	
STREET ADDRESS	7119 Beech Ridge Trail	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	CITY-ST-ZIP	
TITLE	V/T <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	NELSON, DAVID C.	NAME	RODGERS, JUDY
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	SrV <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		NAME	LEAHY, MARTIN
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111