

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90031 050 ***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 600 MONTGOMERY STREET 25TH FLOOR SAN FRANCISCO, CA 94111 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03132006 Chg-P CR2E034 (11/05)	
Zip		Country		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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AINSWORTH, KENT P		NAME		
STREET ADDRESS	600 MONTGOMERY ST 25TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		KRISTIN L. JONES, ASSISTANT SECRETARY		3-20-06 415-774-2700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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ATTACHMENT

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E.C. DRIVER ASSOCIATES, INC.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE		TITLE	VICFO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	HICKS, H. THOMAS
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	D/V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, JUDY	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE		TITLE	SrV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LEAHY, MARTIN
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE		TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JONES, KRISTIN L.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111