


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90008 020 ***150.00

DOCUMENT # F93000004758 1. Entity Name LEIGH FISHER ASSOCIATES, INC.	
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Principal Place of Business 160 BOVET RD. SAN MATEO, CA 94402-3017	Mailing Address 160 BOVET RD. SAN MATEO, CA 94402-3017
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44010731



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3185719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

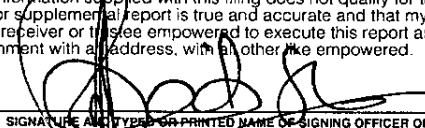
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ALISTAIR, SHERRET
STREET ADDRESS	160 BOVET RD.
CITY-ST-ZIP	SAN MATEO, CA 944023017
TITLE	S
NAME	NICHOL, CINDY
STREET ADDRESS	160 BOVET RD
CITY-ST-ZIP	SAN MATEO, CA 944023017
TITLE	DIR
NAME	TAYLOR, MARK
STREET ADDRESS	160 BOVET RD
CITY-ST-ZIP	SAN MATEO, CA 94402
TITLE	P
NAME	DAVIDSON, JNR
STREET ADDRESS	160 BOVET RD
CITY-ST-ZIP	SAN MATEO, CA 944023017
TITLE	DIR
NAME	MANDLE, PETER
STREET ADDRESS	160 BOVET RD
CITY-ST-ZIP	SAN MATEO, FL 944023017
TITLE	T
NAME	MARTIN, STEVE
STREET ADDRESS	160 BOVET RD.
CITY-ST-ZIP	SAN MATEO, CA 944023017

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 an other ~~the~~ empowered.

SIGNATURE:  _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #