

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90111 014 ***150.00

DOCUMENT # F96000000951

1. Entity Name

PSI INSTITUTIONAL ADVISORS, INC.

Principal Place of Business

Mailing Address

701 WESTERN AVENUE
 GLENDALE CA 91201
 LA

701 WESTERN AVENUE
 GLENDALE CA 91201-2349
 LA

2. Principal Place of Business

701 Western Avenue

3. Mailing Address

701 Western Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glendale, CA

City & State

Glendale, CA

4. FEI Number

94-4553166

Applied For

Not Applicable

Zip

91201-2349

Country

USA

Zip

91201-2349

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENKIN, HARVEY	NAME	
STREET ADDRESS	701 WESTERN AVE	STREET ADDRESS	701 Western Avenue
CITY-ST-ZIP	GLENDALE CA	CITY-ST-ZIP	Glendale, CA 91201-2349
TITLE	VAS <input type="checkbox"/> Delete	TITLE	V/AS/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, JOHN	NAME	
STREET ADDRESS	701 WESTEN AVE	STREET ADDRESS	701 Western Avenue
CITY-ST-ZIP	GLENDALE CA	CITY-ST-ZIP	Glendale, CA 91201-2349
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERICH, OBREN B	NAME	
STREET ADDRESS	701 WESTERN AVE	STREET ADDRESS	701 Western Avenue
CITY-ST-ZIP	GLENDALE CA	CITY-ST-ZIP	Glendale, CA 91201-2349
TITLE	VPCA <input type="checkbox"/> Delete	TITLE	V/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGELYN, DAVID P.	NAME	
STREET ADDRESS	701 WESTERN AVE.P.	STREET ADDRESS	701 Western Avenue
CITY-ST-ZIP	GLENDALE CA	CITY-ST-ZIP	Glendale, CA 91201-2349
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, TIMOTHY A	NAME	Hughes, B. Wayne
STREET ADDRESS	701 WESTERN AVE	STREET ADDRESS	701 Western Avenue
CITY-ST-ZIP	GLENDALE CA 91201	CITY-ST-ZIP	Glendale, CA 91201-2349
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Moffitt, Michele
STREET ADDRESS		STREET ADDRESS	701 Western Avenue
CITY-ST-ZIP		CITY-ST-ZIP	Glendale, CA 91201-2349

13. 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 11 or Block 12 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

Michele Moffitt
MICHELE MOFFITT

APR 27 2000

(818) 244-8080

Date

Daytime Phone #

CRZE034 (9/99)