

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91740 011 \*\*\*150.00

DOCUMENT # FOL 000000951

1. Entity Name

*PSE Institutional Advisors Inc.*

**DO NOT WRITE IN THIS SPACE**

00003

2. Principal Place of Business <i>701 Western Ave</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>2nd Flr</i>		Suite, Apt. #, etc. <i>Income Tax Dept</i>	
City & State <i>Glendale, CA</i>		City & State	
Zip <i>91201</i>	Country <i>US</i>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>95-4553166</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name <i>NR41 Services, Inc.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>526 E. Park Ave.</i>	
City <i>Tallahassee</i>	FL Zip Code <i>32301</i>

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]* Charles Baclet, Vice President June 20, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonresident) DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Harvey Lenzin 701 Western Ave Glendale, CA 91201</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPS John Reyes 701 Western Ave Glendale, CA 91201</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VSD Bren B. Gerich 701 Western Ave Glendale, CA 91201</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Michelle Roberts 701 Western Ave Glendale, CA 91201</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Timothy A. Scott 701 Western Ave Glendale, CA 91201</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VCA David F. Singelyn 701 Western Ave Glendale, CA 91201</i>

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Michelle Roberts 5-2-02 (818) 244-8080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License Number #