

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90083 017 ***150.00

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03092005 Chg-P CR2E034 (10/03)

DOCUMENT # F9600000951			
1. Entity Name PSI INSTITUTIONAL ADVISORS, INC.			
Principal Place of Business 701 WESTERN AVENUE 2ND FLOOR GLENDALE, CA 91201-2349 LA		Mailing Address ATTN INCOME TAX DEPT 701 WESTERN AVE 2ND FLOOR GLENDALE, CA 91201-2349 LA	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 94-4553166		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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENKIN, HARVEY	NAME	
STREET ADDRESS	701 WESTERN AVE	STREET ADDRESS	
CITY-ST-ZIP	GLENDALE, CA	CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> Delete	TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYES, JOHN	NAME	Reyes, John
STREET ADDRESS	701 WESTEN AVE	STREET ADDRESS	701 Western Avenue
CITY-ST-ZIP	GLENDALE, CA	CITY-ST-ZIP	Glendale, CA 91201
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change -- <input checked="" type="checkbox"/> Addition
NAME	GERICH, OBREN B	NAME	Gerich, Obrén B.
STREET ADDRESS	701 WESTERN AVE	STREET ADDRESS	701 Western Avenue
CITY-ST-ZIP	GLENDALE, CA	CITY-ST-ZIP	Glendale, CA 91201
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, DREW	NAME	
STREET ADDRESS	701 WESTERN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	GLENDALE, CA 91201	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, TIMOTHY A	NAME	
STREET ADDRESS	701 WESTERN AVE	STREET ADDRESS	
CITY-ST-ZIP	GLENDALE, CA 91201	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 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: <u>Drew Adams</u> Drew Adams Vice President		March 24, 2005 818-244-8080	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	