

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91522 048 ***150.00

DOCUMENT # **F96000002088**
1. Entity Name
LEGACY FINANCIAL SERVICES, INC.

643653

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1179 N. McDOWELL BLVD.		3. Mailing Address	
Suite, Apt. #, etc. SUITE C, BOX 6030		Suite, Apt. #, etc.	
City & State Petaluma CA		City & State	
Zip 94955	Country US	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0355649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST.
City TALLAHASSEE FL
Zip Code 32301

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)

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	SEE ATTACHED LIST	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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: **H. Taylor** **G. STEVEN TAYLOR** **707-778-8638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Legacy Financial Services, Inc.
Officers and Directors**

<u>Name</u>	<u>Title</u>	<u>Business Address:</u>
Preston Pitts	President / Director	1179 N. McDowell Blvd Suite C Box 6030 Petaluma, CA 94955-6030
Harry L. Qvistgaard, II	Vice President / Secretary	1179 N. McDowell Blvd Suite C Box 6030 Petaluma, CA 94955-6030
William Hrabik	Chief Compliance Officer	1179 N. McDowell Blvd Suite C Box 6030 Petaluma, CA 94955-6030
Steven Taylor	Chief Financial Officer / Treasurer	1179 N. McDowell Blvd Suite C Box 6030 Petaluma, CA 94955-6030
Nanda L. Regan	Director	1179 N. McDowell Blvd Suite C Box 6030 Petaluma, CA 94955-6030

Effective: 12/15/01