


**2005 FOR PROFIT CORPORATION  
- ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000002109 1. Entity Name SUMMERVILLE ATOCOE, INC.	
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Principal Place of Business 3000 EXECUTIVE PARKWAY SUITE 530 SAN RAMON, CA 94583	Mailing Address 3000 EXECUTIVE PARKWAY SUITE 530 SAN RAMON, CA 94583
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**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2091297	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HIQ CORPORATE SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301
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**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, RICHARD 1999 AVE OF THE STARS SUITE 1900 LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COBB, GRANGER 3000 EXECUTIVE PARKWAY, STE. 530 SAN RAMON, CA 94583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, STUART 1301 AVE OF THE AMERICAS, 38TH FL NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, BILL 1301 AVE OF THE AMERICAS, 38TH FL NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIBART, LEE 1301 AVE OF THE AMERICAS, 38TH FL NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WERDEL, MELANIE 3000 EXECUTIVE PARKWAY SAN RAMON, CA 94583

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UN0000230602  
02/15/05-80049-024 158.75

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: Melanie Werdel 2/9/05 (925) 866-1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #