

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2009**  
**Secretary of State**

DOCUMENT# F98000002632

Entity Name: DELTA DENTAL OF CALIFORNIA, CORPORATION

**Current Principal Place of Business:**

100 FIRST STREET  
SAN FRANCISCO, CA 94105

**New Principal Place of Business:**

**Current Mailing Address:**

100 FIRST STREET, MS 15L  
SAN FRANCISCO, CA 94105

**New Mailing Address:**

FEI Number: 94-1461312      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: RADINE, GARY D  
Address: 100 FIRST STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: EVP ( ) Delete  
Name: BARTH, ANTHONY S  
Address: 100 FIRST STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: EVP ( ) Delete  
Name: BECKER, ROBERT G ESQ  
Address: 100 FIRST STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: EVP ( ) Delete  
Name: BELEK, MARILYNN G  
Address: 100 FIRST STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: EVP ( ) Delete  
Name: STEELE, PATRICK S  
Address: 100 FIRST STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: EVP ( ) Delete  
Name: CASTRO, MICHAEL J  
Address: 100 FIRST ST., MS 15L  
City-St-Zip: SAN FRANCISCO, CA 94105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE WONG

MS

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date