


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90068 041 \*\*\*150.00

DOCUMENT # F98000002661					
1. Entity Name MHN SERVICES, INC.					
Principal Place of Business 1600 LOS GAMOS DR., #300 ATTN: NANCY B. DIAMOND SAN RAFAEL, CA 94903		Mailing Address 1600 LOS GAMOS DR., #300 ATTN: NANCY B. DIAMOND SAN RAFAEL, CA 94903			
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 95-4146179	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD COIL, GERALD 1600 LOS GAMOS DR STE 300 SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MAHMOOD, ALECK <input checked="" type="checkbox"/> Delete 1600 LOS GAMOS DR., STE 300 SAN RAFAEL, CA 94903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ian A. Shaffer, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1600 Los Gamos Drive, #300 San Rafael, CA 94903-1807		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KUBEL, JUDY <input type="checkbox"/> Delete 1600 LOS GAMOS DR., STE 300 SAN RAFAEL, CA 94903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAMOND, NANCY B <input type="checkbox"/> Delete 1600 LOS GAMOS DR., #300 SAN RAFAEL, CA 94903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISBANE, LINDA <input checked="" type="checkbox"/> Delete 1600 LOS GAMOS DR., #300 SAN RAFAEL, CA 94903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLICK, JEFFERY <input type="checkbox"/> Delete 1600 LOS GAMOS DR, STE 300 SAN RAFAEL, CA 94903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Nancy B. Diamond</i>		Nancy B. Diamond, Secretary		1/15/04 415/491-7232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		System Name #	

94007159



01142004 Chg-P CR2E034 (10/03)

Attachment

**MHN SERVICES**  
**Officers and Directors**

FI-F9800002661

**Officers**

**Gerald Verne Coil**

President and Chief Executive Officer  
1600 Los Gamos Drive, Suite 300  
San Rafael, CA 94903-1807  
(415) 491-6955

**Gregory S. Pense**

Vice President / Treasurer  
1600 Los Gamos Drive, Suite 300  
San Rafael, CA 94903-1807  
(415) 491-6124

**Judy (NMN) Kubel**

Vice President  
1600 Los Gamos Drive, Suite 300  
San Rafael, CA 94903-1807  
(415) 491-6118

**Nancy Beth Diamond**

Vice President / Secretary  
1600 Los Gamos Drive, Suite 300  
San Rafael, CA 94903-1807  
(415) 491-7232

**Steven Jackson Sell**

Vice President  
503 Canal Boulevard  
Richmond, CA 94804-3517  
(510) 620-6450

**Stuart Michael Murphy**

Assistant Secretary  
40 Wall Street, 6<sup>th</sup> Floor  
New York, NY 10005-1344  
(917) 228-2234

**Deirdre (NMN) Hiatt**

Vice President  
1600 Los Gamos Drive, #300  
San Rafael, CA 94903-1807  
510/620-6321

**Ian Arnold Shaffer, MD**

Corporate Medical Director  
1600 Los Gamos Drive, #300  
San Rafael, CA 94903-1807  
510/620-6480

**Directors**

**Jeffrey Mark Folick**

Chairman of the Board  
1600 Los Gamos Drive, Suite 300  
San Rafael, CA 94903-1807  
(415) 491-6955

**Gerald Verne Coil**

1600 Los Gamos Drive, Suite 300  
San Rafael, CA 94903-1807  
(415) 491-6955

**Judy Kubel**

1600 Los Gamos Drive, Suite 300  
San Rafael, CA 94903-1807  
(415) 491-6118

**James Edwin Woys**

2025 Aerojet Road  
Rancho Cordova, CA 95742-6418  
(916) 353-662

**Ian Arnold Shaffer, MD**

Corporate Medical Director  
1600 Los Gamos Drive, #300  
San Rafael, CA 94903-1807  
510/620-6480