

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90317 026 ***150.00

0571114 AD

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **95-4146179** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BAIRSTOW, JEFFREY J 1600 LOS GAMOS DR STE 300 SAN RAFAEL CA 94903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORMHORDT, JONATHAN 1600 LOS GAMOS DR., STE 300 SAN RAFAEL CA 94903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO VOLKBER, JOHN 1600 LOS GAMOS DR., STE 300 SAN RAFAEL CA 94903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAMOND, NANCY B 1600 LOS GAMOS DR., #300 SAN RAFAEL CA 94903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSCO, ROBERT C 1600 LOS GAMOS DR., #300 SAN RAFAEL CA 94903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIRSTOW, JEFFREY J 1600 LOS GAMOS DR, STE 300 SAN RAFAEL CA 94903	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presidebt/CEO Director Gerald Coil 1600 Los Gamos Dr Ste 300 San Rafael, CA 94903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO K. Alec Mahmood 1600 Los Gamos Dr Ste 300 San Rafael, CA 94903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Vice President Judy Kubel 1600 Los Gamos Dr Ste 300 San Rafael, CA 94903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James E. Woys 1600 Los Gamos Drive Ste 300 San Rafael, CA 94903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Linda Brisbane 1600 Los Gamos Dr Ste 300 San Rafael, CA 94903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Chairman of Board Jeffrey Folick 1600 Los Gamos Dr Ste 300 San Rafael, CA 94903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.34(1), 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: Secretary 4-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)