


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 818558</b> 1. Entity Name CRI RESOURCES, INC.	
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Principal Place of Business 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 90017-4716	Mailing Address 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 90017-4716
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01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-0244320	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	C/D FENNING, WILLIAM M. 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KISSEL, JEFFREY M 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MORGAN, DAVID T 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AHEARN, NANCY 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/26/04-60060-003 158.75

**DO NOT WRITE IN THIS SPACE**

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:  CHM/CEO 1/20/04 (213) 624-8161

SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #