


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90136 041 \*\*\*158.75

<b>DOCUMENT # 844709</b>			
<b>1. Entity Name</b> PARSONS HARLAND BARTHOLOMEW & ASSOCIATES INC.			
<b>Principal Place of Business</b> 400 WOODS MILL RD S STE 300 CHESTERFIELD MO 63017 US		<b>Mailing Address</b> 100 WEST WALNUT STREET ROOM T 1107 PASADENA CA 91124 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>6. Name and Address of Current Registered Agent</b>			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			
<b>7. Name and Address of New Registered Agent</b>			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			
<b>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.</b>			
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> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	VP	TITLE	
NAME	JONES, ROBERT W	NAME	
STREET ADDRESS	100 W WALNUT ST	STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91124	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	SCOTT, JOHN A	NAME	
STREET ADDRESS	100 W. WALNUT ST	STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91124	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	BAX, ROBERT B	NAME	
STREET ADDRESS	100 W WALNUT ST	STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91124	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	JOHANSON, THOMAS L	NAME	
STREET ADDRESS	100 W WALNUT ST	STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91124	CITY-ST-ZIP	
TITLE	EVP	TITLE	
NAME	BOWER, CURTIS A	NAME	
STREET ADDRESS	100 WEST WALNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91124	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	COLE, SUSAN	NAME	
STREET ADDRESS	100 W. WALNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91124	CITY-ST-ZIP	

**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:**

*Thomas L. Johanson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ASST Secretary*  
Date 4-4-05 Daytime Phone # 626-440-2200