


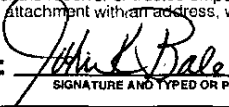
# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 OCT 25 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 845538					
1. Entity Name EXECUCORP, INC.					
Principal Place of Business 516 N PENNSFIELD PL STE 108 THOUSAND OAKS, CA 91360 US			Mailing Address P.O. BOX 1437 THOUSAND OAKS, CA 91358-0437 US		
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 59-1989997				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, LINDA M 11900 BISCAYNE BLVD STE 503 MIAMI, FL 33181			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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	S	<input type="checkbox"/> Delete	TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, WENDY		NAME	Adler, Wendy	
STREET ADDRESS	516 N PENNSFIELD PL STE 108		STREET ADDRESS	516 N Pennsfield Pl Ste 108	
CITY-ST-ZIP	THOUSAND OAKS, CA		CITY-ST-ZIP	Thousand Oaks, CA	
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN K. BALE		NAME		
STREET ADDRESS	516 N PENNSFIELD PL STE 108		STREET ADDRESS		
CITY-ST-ZIP	THOUSAND OAKS, CA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELASKI, DONALD		NAME		
STREET ADDRESS	516 N. PENNSFIELD PLACE, STE 108		STREET ADDRESS		
CITY-ST-ZIP	THOUSAND OAKS, CA		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICIA L. MARGUILES		NAME		
STREET ADDRESS	516 N. PENNSFIELD PL, STE 108		STREET ADDRESS		
CITY-ST-ZIP	THOUSAND OAKS, CA 91360		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, ROBERT A.		NAME		
STREET ADDRESS	516 N. PENNSFIELD PLACE, STE 108		STREET ADDRESS		
CITY-ST-ZIP	THOUSAND OAKS, CA		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	S/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLE, MARY E.		NAME	Holle, Mary E.	
STREET ADDRESS	516 N PENNSFIELD PL STE 108		STREET ADDRESS	516 N. Pennsfield Pl. Ste. 108	
CITY-ST-ZIP	THOUSAND OAKS, CA		CITY-ST-ZIP	Thousand Oaks, CA	
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: 		John K. Bale P/T/D		October 20, 2004 805-379-6777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	