



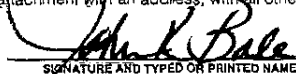


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 845538</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02162005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-1989997		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent  SMITH, LINDA M 11900 BISCAYNE BLVD STE 503 MIAMI, FL 33181		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			
TITLE	AS	 <b>DO NOT WRITE IN THIS SPACE</b>	
NAME	ADLER, WENDY		
STREET ADDRESS	516 N PENNSFIELD PL STE 108		
CITY-ST-ZIP	THOUSAND OAKS, CA		
TITLE	PTD		
NAME	JOHN K. BALE		
STREET ADDRESS	516 N PENNSFIELD PL STE 108		
CITY-ST-ZIP	THOUSAND OAKS, CA		
TITLE	D	 <b>DO NOT WRITE IN THIS SPACE</b>	
NAME	DELASKI, DONALD		
STREET ADDRESS	516 N. PENNSFIELD PLACE, STE 108		
CITY-ST-ZIP	THOUSAND OAKS, CA		
TITLE	VP		
NAME	ALICIA L. MARGUILES		
STREET ADDRESS	516 N. PENNSFIELD PL, STE 108		
CITY-ST-ZIP	THOUSAND OAKS, CA 91360		
TITLE	D	 <b>DO NOT WRITE IN THIS SPACE</b>	
NAME	JACOBS, ROBERT A.		
STREET ADDRESS	516 N. PENNSFIELD PLACE, STE 108		
CITY-ST-ZIP	THOUSAND OAKS, CA		
TITLE	SVP		
NAME	HOLLE, MARY E.		
STREET ADDRESS	516 N. PENNSFIELD PL STE 108		
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)(f), 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 02/16/05 805-379-6777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	