

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90217 004 ***158.75

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 ☒

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **ADLER, WENDY**
STREET ADDRESS **516 N PENNSFIELD PL STE 108**
CITY-ST-ZIP **THOUSAND OAKS CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTD** ☐ Delete
NAME **JOHN K. BALE**
STREET ADDRESS **516 N PENNSFIELD PL STE 108**
CITY-ST-ZIP **THOUSAND OAKS CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DELASKI, DONALD**
STREET ADDRESS **8280 GREENSBORO DR STE 300**
CITY-ST-ZIP **MCLEAN VA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ALICIA L. MARGUILES**
STREET ADDRESS **11900 BISCAYNE BLVD., STE. 200**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **ALICIA L. MARGULIES**
STREET ADDRESS **516 N PENNSFIELD PL STE 108**
CITY-ST-ZIP **THOUSAND OAKS CA 91360**

TITLE **D** ☐ Delete
NAME **JACOBS, ROBERT A.**
STREET ADDRESS **ONE CHASE MANHATTAN PLZ**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **HOLLE, MARY E.**
STREET ADDRESS **516 N PENNSFIELD PL STE 108**
CITY-ST-ZIP **THOUSAND OAKS CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN K. BALE, President

17 February 2003 805-379-6777x104

Date

Daytime Phone #

CR2E034 (10/02)