

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90083 007 ***150.00

DOCUMENT # F01000004633
 1. Entity Name
PLANERGY, INC.

Principal Place of Business C/O NATALIE GILL 1003 WEST CUTTING BLVD., SUITE 100 RICHMOND CA 94804	Mailing Address C/O NATALIE GILL 1003 WEST CUTTING BLVD., SUITE 100 RICHMOND CA 94804
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 74-1931624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	VINCENT, PATRICIA	
STREET ADDRESS	1225 17TH STREET	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CANN, HOWARD W	
STREET ADDRESS	1003 WEST CUTTING BLVD.	
CITY-ST-ZIP	RICHMOND CA 94804	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHLEIFER, PAUL	
STREET ADDRESS	1003 WEST CUTTING BLVD.	
CITY-ST-ZIP	RICHMOND CA 94804	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPRANGERS, JOHN C	
STREET ADDRESS	1385 MENDOTA HEIGHTS ROAD	
CITY-ST-ZIP	ST. PAUL MN 55120	
TITLE	V	<input type="checkbox"/> Delete
NAME	GILL, NATALIE D	
STREET ADDRESS	1003 WEST CUTTING BLVD.	
CITY-ST-ZIP	RICHMOND CA 94804	
TITLE	S	<input type="checkbox"/> Delete
NAME	HART, CATHY J	
STREET ADDRESS	800 NICOLLET MALL	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Natalie D. Gill Date: 2/26/02 Daytime Phone #: 510 232 0384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)