

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F0100005720



1. Entity Name
PLC OBC, INC.

Principal Place of Business
17140 BERNARDO CENTER DRIVE
SUITE 300
SAN DIEGO, CA 92128

Mailing Address
17140 BERNARDO CENTER DRIVE
SUITE 300
SAN DIEGO, CA 92128

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03302004 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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, 2004 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BULLICK, GRAHAM R PH.D 17140 BERNARDO CENTER DRIVE SAN DIEGO, CA 92128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jack McGrory 17140 Bernardo Ctr. Dr., #300 San Diego, CA 92128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NAKAGAWA, JAMES Y 17140 BERNARDO CENTER DRIVE SAN DIEGO, CA 92128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Jeffrey Fisher 17140 Bernardo Ctr. Dr., #300 San Diego, CA 92128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OTTESEN, S. ERIC 17140 BERNARDO CENTER DRIVE SAN DIEGO, CA 92128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Robert Siordia 17140 Bernardo Ctr. Dr., Suite 300 San Diego, CA 92128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALT, ERIC 17140 BERNARDO CENTER DRIVE SAN DIEGO, CA 92128	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VISCONSI, JOHN 17140 BERNARDO CENTER DRIVE SAN DIEGO, CA 92128	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert Siordia

4/1/04

858-675-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Siordia, Secretary

**FILED
Apr 13, 2004 8:00 am
Secretary of State**

04-13-2004 90014 032 ***150.00