
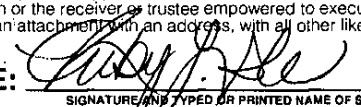


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90659 032 ***158.75

DOCUMENT # F01000006009					
1. Entity Name GANNETT FLEMING SUSTAINABLE VENTURES CORPORATION					
Principal Place of Business 207 SENATE AVENUE CAMP HILL, PA 17011			Mailing Address P.O. BOX 67100 HARRISBURG, PA 17106-7100		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1892776	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGHERTY, JOHN V 7751 BELFORT PARKWAY, STE. 150 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$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	CD STOUT, WILLIAM M 207 SENATE AVENUE CAMP HILL, PA 17011		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BHUM GARA, RAYOMAND R 44 SILVER HILL LANE #12 NATICK, MA 01760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TALIAN, STEPHEN F 207 SENATE AVENUE CAMP HILL, PA 17011		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT YEN, CHEN-YU 3605A SOUTHSIDE AVE. PHOENIX, MD 21131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOBASSO, THOMAS 11 ABERDREN DR. HUNTINGTON, NY 11743		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, MARK D 199 WELLS AVENUE, SUITE 210 NEWTON, MA 02459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS 11 LOWELL AVENUE MALDEN, MA 02148	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ILE, RUBY L 207 SENATE AVENUE CAMP HILL, PA 17011		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: 			Ruby L. Ile Assistant Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/23/04 Daytime Phone # 714-763-7211		