

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90147 037 \*\*\*158.75

0017180 AB

**DOCUMENT # F01000006386**

1. Entity Name

**CONTRACTING RESOURCES INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**100 CALIFORNIA STREET, SUITE 500  
 SAN FRANCISCO CA 94111-4529**

**100 CALIFORNIA STREET, SUITE 500  
 SAN FRANCISCO CA 94111-4529**

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

**91-1879833**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **KRUSI, ALAN P**  
 CITY-ST-ZIP **911 WILSHIRE BLVD, SUITE 800  
 LOS ANGELES CA 90011**

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

TITLE ☐ Delete  
 NAME **DCFO**  
 STREET ADDRESS **KISSEL, JEFFREY**  
 CITY-ST-ZIP **911 WILSHIRE BLVD., SUITE 800  
 LOS ANGELES CA 90011**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **MASTERS, JOSEPH**  
 CITY-ST-ZIP **100 CALIFORNIA STREET, SUITE 500  
 SAN FRANCISCO CA 94111-4529**

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

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **CARPENTER, JANET**  
 CITY-ST-ZIP **614 EAST EDNA PLACE  
 COVINA CA 91723**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **BRUMMERSTEDT, CAROL**  
 CITY-ST-ZIP **100 CALIFORNIA STREET, SUITE 500  
 SAN FRANCISCO CA 94111-4529**

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

TITLE ☐ Delete  
 NAME **AS**  
 STREET ADDRESS **JONES, KRISTIN L**  
 CITY-ST-ZIP **100 CALIFORNIA STREET, SUITE 500  
 SAN FRANCISCO CA 94111-4529**

TITLE ☐ Change ☐ 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:

*Kristin L. Jones*  
 KRISTIN L. JONES,  
 ASSISTANT SECRETARY

FEB 8, 2002

415-774-2700

Date

Daytime Phone #

CR2E034 (9/01)