

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90003 008 ***550.00

DOCUMENT # F03000000397

1. Entity Name
SRI CONSULTING BUSINESS INTELLIGENCE, INC.



Principal Place of Business
**333 RAVENSWOOD AVENUE
MENLO PARK, CA 94025**

Mailing Address
**333 RAVENSWOOD AVENUE
MENLO PARK, CA 94025**

54071042



07282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3366620

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GUNS, WILLIAM D
333 RAVENSWOOD AVENUE
MENLO PARK, CA 94025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
RALSTON, WILLIAM K JR
333 RAVENSWOOD AVENUE
MENLO PARK, CA 94025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBEGNO, BYRON
333 RAVENSWOOD AVENUE
MENLO PARK, CA 94025**

Resigned

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EVANS, NICHOLAS R
333 RAVENSWOOD AVENUE
MENLO PARK, CA 94025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COHEN, LAWRENCE J
333 RAVENSWOOD AVENUE
MENLO PARK, CA 94025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Guns

8/26/2004

Date

650-859-5386

Daytime Phone #