2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2004 8:00 am Secretary of State

DOCUMENT # F03000002357 1. Entity Name PROFESSIONAL CONSULTING NETWORK, INC.				02-24-2004 90008 035 ***150.00	
Principal Place of Business 595 MARKET ST., STE 850 SAN FRANCISCO, CA 94105		Mailing Address 595 MARKET ST., STE 850 SAN FRANCISCO, CA 94105			
2. Principal P	Place of Business	3. Mailing Address	,		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number Applied F 52-2165869 Not Appli	
Zip	Country	Zìp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000				7. Name and Address of New Registered Agent 9/150 Mederos - Rodriguez dress (P.O. Box Number is Not Acceptable), 70 West 34th Lane #102	
6. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	. ,	egistered agent, or both, in the State of Florida. I am familiar with, and ac	ccept
SIGNATURE	Signature Jyphot or priftied name of registered age	ny and title if applicable. (NO	IE: Registered Agent signature re	2/9/04 prequired when roinstating) DATE	ਜ ੇ
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	JOZWIK, PETER 595 MARKET ST., STE 850 SAN FRANCISCO, CA 94105	☐ Delete	NAME STREET ADDRESS	CEO Jozwik, Peter 20 Dutch Valley Lane San Anselmo, CA 94960	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOEHN, BROOKS 595 MARKET ST., STE 850 SAN FRANCISCO, CA 94105	☐ Delete	TITLE PAME STREET ADDRESS 3		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	metagnis (k. 11 k. 12 k. 1	☐ Delete	TITLE D	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Grange 🗖 A Knueger, Greg 13480 Lafayette Court Thornton, CO 80241	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change A	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SY-ZIP	Change A	Addition
indicated of the co	certify that the information supplied w l on this report or supplemental report reporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that powered to execute this repor	rny signature shall have t as required by Chapte	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informative the same legal effect as if made under oath; that I am an officer or directer 607, Florida Statutes; and that my name appears in Block 10 or Block	tion ector : 11 if