


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # F05000004872</b> 1. Entity Name <b>PHILIPS PACS INC.</b> <i>(Stenfor, Inc.)</i> <i>94-3313966</i>	
---	---

## FILED

06 JUN -5 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05)

Principal Place of Business <b>5000 MARINA BLVD., SUITE 100 BRISBANE CA 94005</b>	Mailing Address <b>5000 MARINA BLVD., SUITE 100 BRISBANE CA 94005</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>94-3313966</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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.

**100076404271**  
 06/21/06--01004--024 \*\*\$550.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	C GILO, DAVIDI <input checked="" type="checkbox"/> Delete P.O. BOX 620925 WOODSIDE CA 94062-0925
TITLE	P MUDUROGLU, ORAN <input checked="" type="checkbox"/> Delete 5000 MARINA BLVD., SUITE 100 BRISBANE CA 94005
TITLE	S GUERNSEY, KENNETH <input checked="" type="checkbox"/> Delete 5000 MARINA BLVD., SUITE 100 BRISBANE CA 94005
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wilhelmus C.M. Groenhuysen 1257 Avenue of the Americas New York, NY 10020
TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert N. Smith 1257 Avenue of the Americas New York, NY 10020
TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Warren F. Oates Jr. 1257 Avenue of the Americas New York, NY 10020
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** \_\_\_\_\_ 5/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #