



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90355 021 \*\*\*150.00

<b>DOCUMENT # F93000001111</b> 1. Entity Name <b>NATIONAL UTILIZATION MANAGEMENT CORP.</b>					
Principal Place of Business <b>7301 N. 16TH ST. SUITE 201 PHOENIX, AZ 85020</b>			Mailing Address <b>7301 N. 16TH ST. SUITE 201 PHOENIX, AZ 85020</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>86-0669071</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGLE, GEORGE E 916 CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P G. Michael Bogle 7301 N. 16th St., Ste. 201 Phoenix, AZ 85020	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGLE, MICHAEL G 7301 N 16TH ST, SUITE 201 PHOENIX, AZ 85020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Karen Beamer 7301 N. 16th Street, Ste. 201 Phoenix, AZ 85020	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLS, KELLY 7301 N 16TH STREET, SUITE 201 PHOENIX, AZ 85020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acting CFO/T Robert S. SPears 7301 N. 16th Street, Ste. 201 Phx.,	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO WEINBERGER, RICHARD 916 SOUTH CAPITOL OF TEXAS HWY AUSTIN, TX 78746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Donna Smith 916 S. Capital of Texas Hwy. Austin, TX 78746	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARA, WENDY 7301 N. 16TH ST., SUITE 203 PHOENIX, AZ 85020	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PARKS, SHIRLEY 7301 N. 16TH, #201 PHOENIX, AZ 85020	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <u>Shirley Parks</u> Shirley Parks, Asst. Sec.      04/09/04      602-371-3860 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					