


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90026 034 ***150.00

DOCUMENT # F94000006612 1. Entity Name O'BRIEN-KREITZBERG INC.					
Principal Place of Business 90 FREMONT ST 24TH FLR SAN FRANCISCO, CA 94105-2236 US			Mailing Address 100 CALIFORNIA STREET SUITE 500 SAN FRANCISCO, CA 94111 US		
2. Principal Place of Business 600 Montgomery St. Suite, Apt. #, etc. 25th floor		3. Mailing Address 600 Montgomery St. Suite, Apt. #, etc. 25th floor		34012967	
City & State San Francisco CA		City & State San Francisco CA		01142004 Chg-P CR2E034 (10/03)	
Zip 94111 Country USA		Zip 94111 Country USA		4. FEI Number 94-3213883	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD BALDWIN, CLAY 1515 BROADWAY 135TH NEW YORK, NY 10036		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BISHOP, THOMAS 50 FREMONT STREET, 24TH FLOOR SAN FRANCISCO, CA 94105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 MONTGOMERY ST., 25th FL. SAN FRANCISCO, CA 94111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRUMMERSTEDT, CAROL 100 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO, CA 94111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 MONTGOMERY ST., 25th FLOOR SAN FRANCISCO, CA 94111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KISSEL, JEFFERY 911 WILSHIRE BLVD #800 LOS ANGELES, CA 90017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPCFDS KENT P. AINSWORTH 600 MONTGOMERY ST., 25th FL. SAN FRANCISCO, CA 94111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AS RITA ARMSTRONG 100 CALIFORNIA ST., #500 SAN FRANCISCO, CA 94111 <input type="checkbox"/> Change <input checked="" 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: CAROL BRUMMERSTEDT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SECRETARY Date 2/18/04 Daytime Phone # 415-774-2700		