## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## F94000006612 **DOCUMENT#**

1. Entity Name O'BRIEN-KREITZBERG INC.



## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90071 038 \*\*\*150.00

Principal Place of Business 50 FREMONT ST 24TH FLR SAN FRANCISCO CA 94105-2236 US 2. Principal Place of Business		Mailing Address 100 CALIFORNIA STREET SUITE 500 SAN FRANCISCO CA 94111 US 3. Mailing Address							
	, lado or oddinoss	J. Wa	iing Address	•		- /			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	4. FEI Number 94-3213883 Applied For			
Zip	Country	Zip		Country				Not Applicable	
٠,				<u>, , , , , , , , , , , , , , , , , , , </u>		Certificate of Status Desired	\$8.75 A Fee Requi		
	6. Name and Address of Current	Registere	d Agent	N/a-a-a		Name and Address of New Reg	istered Agent		
CT CORPORATION SYSTEM			Name			,			
1200 SOUTH PINE ISLAND ROAD			Street Address			s (P.O. Box Number is Not Acceptable)			
PLANTAT	ION FL 33324			<u> </u>					
				City	·		Zip Co	ode.	
8 The above	a named entity submits this statement to	r tha aura	nee of about it is				- FL   '		
the obliga	e named entity submits this statement fo tions of registered agent.	r the purp	ose of changing its	registered office	or registered ag	gent, or both, in the State of Florid	la. I am familiar with	n, and accept	
OLONIATUDE.					•				
SIGNATURE	Signature, typed or printed name of registered agent a	ınd title if appl	icable (NOTE	Registered Agent sign	ature required when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Finan     Trust Fund Contribution.	· _ ••	<b>00</b> May Be ed to Fees	
10.	OFFICERS AND	DIRECTOR	RS	11.	AD	L DDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11	
TITLE	SVPD PALDMIAL CLAV		☐ Delete	TITLE			☐ Change		
NAME STREET ADDRESS	BALDWIN, CLAY 1515 BROADWAY 135TH			NAME			_	_	
CITY-ST-ZIP	NEW YORK NY 10036			STREET ADDRESS					
TITLE	SVP		17	CITY-ST-ZIP	<del>                                      </del>	<del></del>	<del>.</del>	·	
NAME	HOBBS, RUTH		Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	1035 SYSTEMS PKWY STE A			STREET ADDRESS					
CITY-ST-ZIP	SACRAMENTO CA 95827			CITY-ST-ZIP				,	
TITLE	D		☐ Delete	TITLE	DP		Change	Addition	
NAME -	BISHOP, THOMAS		a come a some	NAME -	BISHOP, TH	TOMAS W		Addition	
STREET ADDRESS CITY-ST-ZIP	50 FREMONT STREET, 24TH FLO SAN FRANCISCO CA 94105	OR		STREET ADDRESS					
	DP			CITY-ST-ZIP	SAN M	ANCIOCO			
TITLE NAME	KRUSI, ALAN		DE Delete	TITLE	ļ		☐ Change	☐ Addition	
STREET ADDRESS	911 WILSHIRE BLVD STE 800			NAME STREET ADDRESS					
CITY-ST-ZIP	LOS ANGELES CA 90017			CITY-ST-ZIP					
TITLE	AS		☐ Delete	TITLE			Channe		
NAME	BRUMMERSTEDT, CAROL		C Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS	100 CALIFORNIA STREET, SUITE	500		STREET ADDRESS				1	
CITY-ST-ZIP	SAN FRANCISCO CA 94111			CITY-ST-ZIP -					
TITLE	CFO		☐ Delete	TITLE		<u> </u>	☐ Change	Addition	
NAME	KISSEL, JEFFERY			NAME					
STREET ADDRESS CITY-ST-ZIP	911 WILSHIRE BLVD #800 LOS ANGELES CA 90017			STREET ADDRESS				-	
	ertify that the information supplied with t	hia fili		CITY-ST-ZIP	<u> </u>	<del></del>			

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. CAROL PRUMPERSTEDT.

SIGNATURE:

KURULULATERST STEPETARY