## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000001010

Entity Name: SI/BAKER, INC.

FILED May 08, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5 COUNTRY VIEW ROAD SUITE 330 MALVERN, PA 193551421				5 COUNTRY VIEW ROAD SUITE 330 MALVERN, PA 19355			
Current Mailing Address:				New Mailing Address:			
ONE POST STREET, 33RD FLOOR ATTEN: GLENETTE E. BABB SAN FRANCISCO, CA 94104				ONE POST STREET, 35TH FLOOR ATTEN: MELISSAS WU SAN FRANCISCO, CA 94104			
FEI Number:	23-2714788	FEI Number Applied For ( )	FEI Nur	nber Not Appli	cable ( )	Certificate of Sta	atus Desired ( )
Name and	Address of (	Current Registered Agent:		Name and	Address o	of New Registered	d Agent:
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US							
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.							
SIGNATUR							
	Electron	nic Signature of Registered A	∖gent			Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	PANTANO, DAI	RY WOODS DRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	ion
Title: Name: Address: City-St-Zip:	VSD ( BOGAN, WILLI ONE POST ST SAN FRANCISC	REET		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	ion
Title: Name: Address: City-St-Zip:	JORDAN, MICH	EW ROAD, SUITE 330		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	ion
Title: Name: Address: City-St-Zip:	VTD ( LOIACONO, NI ONE POST ST SAN FRANCIS	CHOLAS A REET		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	ion
Title: Name: Address: City-St-Zip:	AS ( BABB, GLENE ONE POST ST SAN FRANCISC	REET		Title: Name: Address: City-St-Zip:	AS SHUFORD, ONE POST SAN FRANC		ion
Title: Name: Address: City-St-Zip:	AS ( WU, MELISSA ONE POST ST SAN FRANCIS			Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	ion
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.							

SIGNATURE: MELISSA WU AS 05/08/2008