

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90522 001 ****65.00
05-14-2002 90522 002 ****93.75

DOCUMENT # F95000005719

1. Entity Name
LFR Levine Fricke Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1900 Powell Street Suite, Apt. #, etc. 12th Floor City & State Emeryville, CA Zip 94608-1827 Country USA		3. Mailing Address 1900 Powell Street Suite, Apt. #, etc. 12th Floor City & State Emeryville, CA Zip 94608-1827 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2806712	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Joe Applegate
Street Address (P.O. Box Number is Not Acceptable) 3382 Capital Circle N.E.
City Tallahassee FL Zip Code 32308-1568

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.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carrette, Francois 3 Avenue President Wilson Paris, France 75116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T/S Alain Thieffry 1900 Powell St 12th Fl Emeryville, CA 94608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sutton, Matthew 1900 Powell St. 12th Fl. Emeryville, CA 94608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Johnson, Thomas M. 1900 Powell St. 12th Fl. Emeryville, CA 94608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Silverman, Kari 1900 Powell St. 12th Fl. Emeryville, CA 94608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fennie, Veronica 1900 Powell St. 12th Fl. Emeryville, CA 94608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kari Silverman Kari Silverman 4/30/02 510.652.4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)