


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000005719**  
 1. Entity Name  
 LFR LEVINE FRICKE INC.



Principal Place of Business      Mailing Address  
 1900 POWELL ST., 12TH FLOOR      1900 POWELL ST., 12TH FLOOR  
 EMERYVILLE, CA 94608-1811      EMERYVILLE, CA 94608-1811

**DO NOT WRITE IN THIS SPACE**



07012004    No Chg-P    CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent  
 APPLGATE, JOE  
 3382 CAPITAL CIRCLE NE  
 TALLAHASSEE, FL 32308-1568

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. 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	DPTS THIEFFRY, ALAIN 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 946081811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHNSON, THOMAS M 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 946081811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SUTTON, MATTHEW 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 94608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SILVERMAN, KARI 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 94608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FENNIE, VERONICA 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 946081811

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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: Kari Silverman      6/30/04      510.652.4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #