


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90034 013 ***158.75

DOCUMENT # F95000005719

1. Entity Name
LFR LEVINE FRICKE INC.



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

Mailing Address
**1900 POWELL ST., 12TH FLOOR
 EMERYVILLE, CA 94608-1811**

50007939

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01202005 Chg-P CR2E034 (10/03)

4. FEI Number
04-2806712

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**APPEGATE, JOE
 3382 CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308-1568**

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 _____ 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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRETTE, FRANCOIS 3 AVENUE PRESIDENT WILSON PARIS, FRANCE, 75116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS THIEFFRY, ALAIN 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 946081811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, THOMAS M 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 946081811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTTON, MATTHEW 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 94608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERMAN, KARI 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 94608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FENNIÉ, VERONICA 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 946081811	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carrette, Elisabeth 201 Rue de Paris Charenton Le Pont Cedex, France 94221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Thieffry, Alain 201 Rue de Paris Charenton Le Pont Cedex, France 94221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, MATTHEW 1900 POWELL ST., 12TH FLOOR EMERYVILLE, CA 94608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input 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: Kari Silverman **KARI SILVERMAN** 1/20/05 510.596.9568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #