


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90056 007 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-2806712	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
APPLGATE, JOE 3382 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308-1568			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRETTE, ELISABETH		NAME	FRANK LORINCZ	
STREET ADDRESS	201 RUE DE PARIS		STREET ADDRESS	1900 POWELL ST. 12TH FLOOR	
CITY-ST-ZIP	LE PONT CEDEX, FRANCE 94221, charenton		CITY-ST-ZIP	EMERYVILLE, CA 94608	
TITLE	DTS	<input checked="" type="checkbox"/> Delete	TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIEFFRY, ALAIN		NAME	THIEFFRY, ALAIN	
STREET ADDRESS	201 RUE DE PARIS		STREET ADDRESS	11-17 AVENUE DEL'EPIC D'OR	
CITY-ST-ZIP	LE PONT CEDEX, FRANCE 94221, charenton		CITY-ST-ZIP	94801 VILLEJUIF FRANCE	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, THOMAS M		NAME	CARRETTE, ELISABETH	
STREET ADDRESS	1900 POWELL ST., 12TH FLOOR		STREET ADDRESS	11-17 AVENUE DE L'EPIC D'OR	
CITY-ST-ZIP	EMERYVILLE, CA 946081811		CITY-ST-ZIP	94801 VILLEJUIF FRANCE	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, MATTHEW		NAME		
STREET ADDRESS	1900 POWELL ST., 12TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	EMERYVILLE, CA 94608		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, KARI		NAME		
STREET ADDRESS	1900 POWELL ST., 12TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	EMERYVILLE, CA 94608		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENNIE, VERONICA		NAME		
STREET ADDRESS	1900 POWELL ST., 12TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	EMERYVILLE, CA 946081811		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Kari Silverman</i>		KARI SILVERMAN		1/16/06 510.652.4500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	