


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000005719</b> 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
---	---

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

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

APLEGATE, JOE  
3382 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308-1568

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

000000589219  
01/18/07-80008-007 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LORINCZ, FRANK 1900 POWELL ST, 12TH FL EMERYVILLE, CA 94608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS THIEFFRY, ALAIN 11-17 AVE DEL'EPIC D'OR VILLEJUIF, FR 94608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRETTE, ELISABETH 11-17 AVE DE L'EPIC D'OR VILLEJUIF, FR 94801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 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

**DO NOT WRITE  
IN THIS SPACE**

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:** *Kari Silverman* **KARI SILVERMAN** 1/5/07 510.596.9568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #