

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005719

Entity Name: LFR LEVINE FRICKE INC.

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

1900 POWELL ST., 12TH FLOOR  
EMERYVILLE, CA 946081811

## New Principal Place of Business:

## Current Mailing Address:

1900 POWELL ST., 12TH FLOOR  
EMERYVILLE, CA 946081811

## New Mailing Address:

FEI Number: 04-2806712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

APPLEGATE, JOE  
3382 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 323081568 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: LORINCZ, FRANK  
Address: 1900 POWELL ST, 12TH FL  
City-St-Zip: EMERYVILLE, CA 94608

Title: DTS ( ) Delete  
Name: THIEFFRY, ALAIN  
Address: 11-17 AVE DEL'EPIE D'OR  
City-St-Zip: VILLEJUIF, FR 94608

Title: D ( ) Delete  
Name: CARRETTE, ELISABETH  
Address: 11-17 AVE DE L'EPIE D'OR  
City-St-Zip: VILLEJUIF, FR 94801

Title: P ( ) Delete  
Name: SUTTON, MATTHEW  
Address: 1900 POWELL ST., 12TH FLOOR  
City-St-Zip: EMERYVILLE, CA 94608

Title: S ( ) Delete  
Name: SILVERMAN, KARI  
Address: 1900 POWELL ST., 12TH FLOOR  
City-St-Zip: EMERYVILLE, CA 94608

Title: V ( ) Delete  
Name: FENNIE, VERONICA  
Address: 1900 POWELL ST., 12TH FLOOR  
City-St-Zip: EMERYVILLE, CA 946081811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARI SILVERMAN

S

01/07/2008

Electronic Signature of Signing Officer or Director

Date