

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90031 003 ****61.25

DOCUMENT # F98000002632

1. Entity Name
DELTA DENTAL PLAN OF CALIFORNIA, CORPORATION

Principal Place of Business	Mailing Address
100 FIRST ST., MS 15L SAN FRANCISCO CA 94105	100 FIRST ST., MS 15L SAN FRANCISCO CA 94105

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 94-1461312	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

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 \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	RADINE, GARY D	
STREET ADDRESS	100 FIRST ST., MS 15L	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CONKLING, DONALD B	
STREET ADDRESS	100 FIRST ST., MS 15L	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BULL, R. STEVEN D.D.S.	
STREET ADDRESS	100 FIRST ST., MS 15L	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAUN, LOWELL G D.D.S.	
STREET ADDRESS	7667 FOLSON BLVD.	
CITY-ST-ZIP	SACRAMENTO CA 95826	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLCOMBE, JERRY R	
STREET ADDRESS	100 FIRST ST., MS 15L	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSSELL, ELIZABETH M	
STREET ADDRESS	100 FIRST ST., MS 15L	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederick G. Mylius	
STREET ADDRESS	100 First Street	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilym G. Belek	
STREET ADDRESS	100 First Street	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin F. Whelan	
STREET ADDRESS	100 First Street	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	SVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert G. Becker, Esq.	
STREET ADDRESS	100 First Street	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: Robert G. Becker, Esq. **DATE:** 1/14/02 **DAYTIME PHONE #:** (415) 972-8300

CR2E037 (9/01)