

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 11 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004208

1. Entity Name  
E\*TRADE BUSINESS SOLUTIONS GROUP, INC.



Principal Place of Business  
4500 BOHANNON DRIVE  
MENLO PARK, CA 94025

Mailing Address  
4500 BOHANNON DRIVE  
MENLO PARK, CA 94025

2. Principal Place of Business

3. Mailing Address



01142004 Chg-P CR2E034 (10/03)

4. FEI Number  
77-0054242

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ELMER, RUSSELL S  
STREET ADDRESS 4500 BOHANNON DRIVE  
CITY-ST-ZIP MENLO PARK, CA 94025

TITLE T ☐ Delete  
NAME MULRON, SHANE  
STREET ADDRESS 10951 WHITE ROCK ROAD  
CITY-ST-ZIP RANCHO CORDOVA, CA 95670

TITLE V ☐ Delete  
NAME DOUGLAS, MARK  
STREET ADDRESS 4500 BOHANNON DRIVE  
CITY-ST-ZIP MENLO PARK, CA 94025

TITLE S ☐ Delete  
NAME BOCK, CYNTHIA  
STREET ADDRESS 4500 BOHANNON DRIVE  
CITY-ST-ZIP MENLO PARK, CA 94025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700030307267

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: Cynthia Bock Cynthia Bock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2004 650-331-6000  
Date Daytime Phone #