## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 20, 2004 08:00 AM Secretary of State DOCUMENT # F98000006979 CONTI-HURLEY ASSOCIATES, INC. Principal Place of Business Mailing Address 25 EDWARDS CT., SUITE 206 BURLINGAME, CA 94010 25 EDWARDS CT., SUITE 206 BURLINGAME, CA 94010 02062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 94-3289708 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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\_ Signature, typed or grinted name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CONTI, JOSEPH M NAME 25 EDWARDS CT., SUITE 206 STREET ADDRESS U00000060297 02/23/04-80033-016 150.00 CITY-ST-ZIP BURLINGAME, CA 94010 TITLE HURLEY, GREGORY C NAME STREET ADDRESS 25 EDWARDS CT., SUITE 206 BURLINGAME, CA 94010 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 attachmen

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

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