

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000793

1. Entity Name

DECISIONQUEST, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90038 027 ***150.00

00010174



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2050 WEST 190TH STREET, STE 205 TORRANCE CA 90504	2050 WEST 190TH STREET, STE 205 TORRANCE CA 90504-6230

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	95-4556077	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back).

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> Delete
NAME	VINSON, DONALD E
STREET ADDRESS	2050 WEST 190TH STREET, STE 205
CITY-ST-ZIP	TORRANCE CA
TITLE	CEO <input type="checkbox"/> Delete
NAME	ANTHONY, PHILIP K
STREET ADDRESS	2050 WEST 190TH STREET, STE 205
CITY-ST-ZIP	TORRANCE CA
TITLE	P <input type="checkbox"/> Delete
NAME	HASUIKE, REIKO
STREET ADDRESS	2050 WEST 190TH STREET, STE 205
CITY-ST-ZIP	TORRANCE CA
TITLE	S <input type="checkbox"/> Delete
NAME	COLMAN, ALLAN H
STREET ADDRESS	2050 WEST 190TH STREET, STE 205
CITY-ST-ZIP	TORRANCE CA
TITLE	D <input type="checkbox"/> Delete
NAME	KLEHN JR, HENRY
STREET ADDRESS	911 WILSHIRE BLVD., STE 700
CITY-ST-ZIP	LOS ANGELES CA
TITLE	D <input type="checkbox"/> Delete
NAME	DARROW, ARTHUR C
STREET ADDRESS	911 WILSHIRE BLVD., STE 700
CITY-ST-ZIP	LOS ANGELES CA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/00

Date

(310) 618-9600

Daytime Phone #

CR2E034 (9/99)