

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90009 002 \*\*\*150.00

**DOCUMENT # F99000000793**

1. Entity Name  
**DECISIONQUEST, INC.**

Principal Place of Business <b>2050 WEST 190TH STREET, STE 205          TORRANCE CA 90504</b>	Mailing Address <b>2050 WEST 190TH STREET, STE 205          TORRANCE CA 90504</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **95-4556077**

Applied For  
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 *Medell*      DATE **1-8-2001**

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, 2001 Fee will be \$350.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3 VID Michael Lobo 2050 West 190th Street Suite 205 Torrance CA 90504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ENTERED JAN 22 2001 DLA ACCT'G</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director/ Loyal W Wilson 5900 Landerbrook Drive Suite 200 Cleveland, OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director Kevin McGinity Cleveland OH 44124 8 Peppercorn Lane</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary/Director Petor Del Prosto 3150 CWB Tower Pittsburg, PA 15222</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Medell*      DATE **1-8-2001**      Daytime Phone # **310 618-9600**

CR2E034 (10/00)