

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000853

Entity Name: PMC/SOLUTIONS, INC.

FILED
May 19, 2004
Secretary of State

Current Principal Place of Business:

625 SILVER SW, SUITE 120
ALBUQUERQUE, NM 87102

New Principal Place of Business:

300 CENTRAL AVE SW
SUITE 1000E
ALBUQUERQUE, NM 87102

Current Mailing Address:

625 SILVER SW, SUITE 120
ALBUQUERQUE, NM 87102

New Mailing Address:

300 CENTRAL AVE SW
SUITE 1000E
ALBUQUERQUE, NM 87102

FEI Number: 85-0412144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARRERE, KRISTA
313 SAND CASTLE WAY
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GARZA, ALBERTO
Address: 2315 CHAPMAN LANE NW
City-St-Zip: ALBUQUERQUE, NM 87104

Title: D () Delete
Name: TUCKER, PATRICK
Address: 5012 ROCKCRESS DR. NW
City-St-Zip: ALBUQUERQUE, NM 87120

Title: D () Delete
Name: BUTLER, LEE
Address: 4447 HILLCREST AVE NW
City-St-Zip: ALBUQUERQUE, NM 87120

Title: P () Delete
Name: GARZA, ALBERTO
Address: 2315 CHAPMAN LN. NW
City-St-Zip: ALBUQUERQUE, NM 87104

Title: ST () Delete
Name: MCKILLIP, CATHERINE C
Address: 4815 SHELLY ROSE NW
City-St-Zip: ALBUQUERQUE, NM 87114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE C MCKILLIP

ST

05/19/2004

Electronic Signature of Signing Officer or Director

Date