



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90429 017 ****50.00

DOCUMENT # M01000000006						
1. Entity Name FISHER-ANDERSON, L.C.						
Principal Place of Business 1370 N.W. 114TH ST., STE. 300 CLIVE, IA 50325			Mailing Address 9665 CHESAPEAKE DR. SUITE #305 SAN DIEGO, CA 92123			
2. Principal Place of Business 9665 CHESAPEAKE DR Suite, Apt. #, etc. SUITE 305		3. Mailing Address Suite, Apt. #, etc.				
City & State SAN DIEGO CA		City & State		4. FEI Number 42-1443896		
Zip 92123		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE VP NAME MARCAP CORPORATION STREET ADDRESS 20 NORTH WACKER DR STE 2150 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete			TITLE VICE-PRESIDENT, TREASURER NAME LORCH, ROBERT K. STREET ADDRESS 225 W. WASHINGTON ST STE 1900 CITY-ST-ZIP CHICAGO, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PTD NAME GLUTH, ROBERT C STREET ADDRESS 225 WEST WASHINGTON STREET CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete			TITLE VICE-PRESIDENT, CONTROLLER NAME LIM, ELLEN STREET ADDRESS 9665 CHESAPEAKE DR STE 305 CITY-ST-ZIP SAN DIEGO, CA 92123	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGRV NAME STONE, S. RONALD STREET ADDRESS 20 N WACKER DRIVE SUITE 2150 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME WELLHAUSEN, JOHN W STREET ADDRESS 20 N WACKER DRIVE SUITE 2150 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME WEBB, ROBERT W STREET ADDRESS 225 WEST WASHINGTON STREET SUITE 1900 CITY-ST-ZIP CHICAGO, IL 60606	<input type="checkbox"/> Delete			TITLE SECRETARY, GENERAL COUNSEL NAME WEBB, ROBERT W STREET ADDRESS 225 W. WASHINGTON ST STE 1900 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME VANDERSCHAAF, DOUG STREET ADDRESS 20 N WACKER DRIVE SUITE 2150 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: 3/04/04 Daytime Phone #: 858-574-2685		