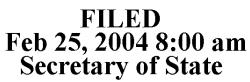
2004 FOR PROFIT CORPORATION ANNUAL REPORT CUMENT # P03000052414



DOCUMENT # P03000052414 1. Entity Name CORNERSTONE INVESTMENT SOLUTIONS, INC.						02-18-20	004 90011 (003 **	*150.00	
Principal Place of Business Mailing Address										
490 GRACE AVE Pamama City, Fl. 32401		490 GRACE AVE PAMAMA CITY, FL 32401				664031	95			
					<u>)</u>	10181 HE STATE FRANK 1 1			11 II I	
2. Principal P	lace of Business	3. Mailing Address				imi iii iii ii				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042004	Chg-P	CR2E034	(10/03)		
City & Slate		City & State			4. FEI Numbe	06-16	75438	Ap No	plied For Applicable	
Zip	Country	Zip	Count		5. Certificate	of Status Desired		.75 Add Required		
	- 6. Name and Address of Curren	t Registered Agent			_7. Name and	Address of New.	Registered Age	nt	·	
LEE, CAROL S				Name				_		
490 GRACE AVE PAMAMA CITY, FL 32401				Street Address	reet Address (P.O. Box Number is Not Acceptable)					
THE SET OF									İ	
				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 Signature, typed or printed name of registered agent and the if applicable. (AICTE: Registered Agent signature required when reinstating) DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					i.00 May Be ded to Fees	•	-			
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DI	RECTORS	3 IN 11	
TITLE			TITL] Change	Addition	
NAME STREET ADDRESS				ET ADDRESS						
				-51-ZP						
TITLE	D	☐ Delets	TITL	ŧ,			, C	Change	Addition	
NAME	WALBY, DAVID L									
STREET ADDRESS CITY-ST-ZIP				EET AOORESS '- ST-ZIP						
TITLE	TANKIN OTT, TE 02401	☐ Delete	rin				Ė] Change	Addition	
NAME			HAN	· I						
STREET ADDRESS CITY-ST-ZUP	•			EET ADORESS '-ST-ZIP						
TITLE		☐ Delete	un					? Change	Addition	
MANE			NAM	ie	محمد-، دست عضد				-	
STREET ADDRESS CITY-ST-ZIP	•		-	EET ADDRESS (-ST-ZIP						
TITLE		☐ Delete	TITE	i i		•	Ę] Change	Addition	
NAME .			KAN	1						
STREET ADDRESS CITY-ST-ZIP				EET ADORESS 7- ST-ZIP						
TITLE		☐ Delete	TM.	E			C	Change Change	Addition	
HAME			RAN	1	•					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /- ST-ZIP	·					
12. I hereby	certify that the information supplied w	ith this filing does not qualify	for the exe	emption stated in S	ection 119.07(3)	i), Florida Statutes	. I further certify	that the in	rformation	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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2-10-04

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