

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90658 036 ***150.00

DOCUMENT # P05357

1. Entity Name
DKS ASSOCIATES, INC.



Principal Place of Business
**1956 WEBSTER STREET
STE 300
OAKLAND CA 94612
US**

Mailing Address
**1956 WEBSTER STREET
STE 300
OAKLAND CA 94612
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2583153**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WENTZEL, JERRY T
12000 N DALE MABRY HIGHWAY SUITE #112
TAMPA FL 33618**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	KRAKOW, THOMAS J
STREET ADDRESS	1956 WEBSTER, STE 300
CITY-ST-ZIP	OAKLAND CA 94612
TITLE	D <input type="checkbox"/> Delete
NAME	WENTZEL, JERRY T
STREET ADDRESS	1956 WEBSTER, STE. 300
CITY-ST-ZIP	OAKLAND CA 94612
TITLE	PD <input type="checkbox"/> Delete
NAME	SAUVE, RICHARD J.
STREET ADDRESS	1956 WEBSTER STREET SUITE 300
CITY-ST-ZIP	OAKLAND CA
TITLE	D <input type="checkbox"/> Delete
NAME	LONG, JOHN P.
STREET ADDRESS	1956 WEBSTER, STE 300
CITY-ST-ZIP	OAKLAND CA
TITLE	D <input type="checkbox"/> Delete
NAME	MCCOURT, RANSFORD S.
STREET ADDRESS	1956 WEBSTER, SUITE 300
CITY-ST-ZIP	OAKLAND CA
TITLE	<input type="checkbox"/> Delete
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	
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	

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.

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

(510) 703-2001
Daytime Phone #

CR2E034 (10/02)