


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06383**  
 1. Entity Name  
**MOFFATT & NICHOL, INC.**



Principal Place of Business      Mailing Address  
**320 GOLDEN SHORE**      **P O BOX 22648**  
**#300**      **LONG BEACH, CA 90801-648 US**  
**LONG BEACH, CA 90802 US**

**DO NOT WRITE IN THIS SPACE**



07072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**95-1951343**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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 resigning)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

U00000171075  
 08/30/04-80002-003 558.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RELLAFORD, TIMOTHY J 320 GOLDENSHORE, #300 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOL, ROBERT D 320 GOLDEN SHORE ST 300 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESNIK, JOHN 320 GOLDEN SHORE ST 300 LONG BEACH, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:       8/24/04      Date      Daytime Phone #