

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90006 003 ***150.00

DOCUMENT # P14844

1. Entity Name

BUSINESS WIRE, A CORPORATION



Principal Place of Business

**44 MONTGOMERY ST
39TH FLOOR
SAN FRANCISCO CA 94104
US**

Mailing Address

**44 MONTGOMERY STREET
39TH FLOOR
SAN FRANCISCO CA 94104
US**

34023998



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-1679585

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 **DC** ☐ Delete
NAME **LOKEY, LORRY**
STREET ADDRESS **63 SELBY LN**
CITY-ST-ZIP **ATHERTON CA**

TITLE **VD** ☐ Change ☒ Addition
NAME **PHYLLIS DANTUONO**
STREET ADDRESS **145-18 18TH AVENUE**
CITY-ST-ZIP **WHITESTONE, NY 11357**

TITLE **VD** ☐ Delete
NAME **LISSAUER, MICHAEL**
STREET ADDRESS **29 DEVONSHIRE CT.**
CITY-ST-ZIP **PLAINVIEW NY**

TITLE **VD** ☐ Change ☒ Addition
NAME **GREGG CASTANO**
STREET ADDRESS **41 SIGNAL HILL ROAD**
CITY-ST-ZIP **WILTON, CT 06897**

TITLE **PD** ☐ Delete
NAME **TAMRAZ, CATHY BARON**
STREET ADDRESS **40 E 52ND ST 14TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DTS** ☐ Delete
NAME **CUMMINGS, CONSTANCE**
STREET ADDRESS **1005 ALAMEDA DELAS PULGAS**
CITY-ST-ZIP **SAN MATEO CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **LOKEY, ANN**
STREET ADDRESS **789 WILLBOROUGH ROAD**
CITY-ST-ZIP **BURLINGME CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STEVE MESSICK**
STREET ADDRESS **2529 WILDE AVENUE**
CITY-ST-ZIP **PLEASANTON, CA 94588**

TITLE ☐ Change ☐ 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:

Constance Cummings **2/27/04 415/986-4422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #