2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State
02-25-2000 90008 042 ****61.25

DOCUMENT # P23272

1. Entity Name

CANINE COMPANIONS FOR INDEPENDENCE, INC.

Principal Place of Business	Mailing Address
2965 DUTTON AVE SANTA ROSA CA 95407 US	P.O. BOX 446 SANTA ROSA CA 95402-0446 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 94-2494324 ☐ Applied For ☐ Not Applicable

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
MARGARET AGER C/O CANINE COMPANIONS FOR INDEPENDENCE 1073-B ORIENTA AVE ALTAMONTE SPGS. FL 32701	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.

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 $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. SCHULZ, JEAN 4900 UPPER RIDGE ROAD SANTA ROSA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GITTINGER, ANNE 2033 1ST AVE SEATTLE WA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EMRICK, MARY 1700 PARKVIEW DRIVE SAN BRUNO CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TED ROGAHN 3329 CANDLEWOOD ST LAKEWOOD CA 90712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGREGOR, LUKE 8 INDEPENDENCE WAY, S. EDGEWATER NJ	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSS GUREVITCH 6054 HYLAND WAY PENNGROVE CA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROSBY, PHYLIS 1861 MCKELVEY RD GREENBACK TN	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRY LEVIN ONE LOCUST STREET SAN FRANCISCO CA	☐ Change ☒ Addition

CR2E037 (9/99)

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 617, 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** COREY HUDSON 2/17/2000 (707) 577-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EXECUTIVE DIRECTOR Date Daytime Phone #