

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**DOCUMENT # P37312 (6)**

1. Corporation Name

**PANNEL KERR FORSTER CONSULTING, INC.**

95 APR -4 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
425 CALIFORNIA STREET, SUITE 1650 SAN FRANCISCO CA 94104	425 CALIFORNIA STREET, SUITE 1650 SAN FRANCISCO CA 94104

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/27/1992</b>		3a. Date of Last Report <b>12/23/1994</b>	
4. FEI Number <b>94-3149582</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip Country		28. Zip Country	
24. Zip Country		29. Zip Country	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEK, PATRICK	1.2 NAME	
STREET ADDRESS	425 CALIFORNIA ST. STE.1650	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, DAVID E.	2.2 NAME	
STREET ADDRESS	1650 MARKET ST., STE.3350	2.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARY JO	3.2 NAME	
STREET ADDRESS	425 CALIFORNIA STREET, #1650	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, THOMAS E	4.2 NAME	
STREET ADDRESS	425 CALIFORNIA STREET, #1650	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94104	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the recolver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Jo Martin* **MARTY JO MARTIN** 3/30/95 (415) 421-5378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR