

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90151 022 \*\*\*550.00

**DOCUMENT # F92000000445**

1. Entity Name  
**BARNES & ASSOCIATES PROFESSIONAL SERVICES, INC.**

Principal Place of Business

6300 WILSHIRE BLVD  
 STE - 700  
 LOS ANGELES CA 90048  
 US

Mailing Address

6300 WILSHIRE BLVD  
 STE - 700  
 LOS ANGELES CA 90048  
 US

*NEW ADDRESS EFFECTIVE 8/23/02:*

2. Principal Place of Business

**500 N. BRAND BLVD.**

3. Mailing Address

**500 N. BRAND BLVD.**

Suite, Apt. #, etc.

**200**

Suite, Apt. #, etc.

**200**

City & State

**GLENDALE, CA**

City & State

**GLENDALE, CA**

Zip

**91203**

Country

**USA**

Zip

**91203**

Country

**USA**

4. FEI Number **95-4400428**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~C-T-CORPORATION SYSTEM~~  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, JAMES E 4846 GOULD AVENUE LA CANADA CA 91011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RHODES, GAIL A 313 E SOLEDAD PASS RD PALMDALE CA 93550	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARNES, MARK A 7402 THICKET TRAIL HUMBLE TX 77348	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSON, LORI A 7665 FOUNTAIN AVE #7 LOS ANGELES CA 90046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSON, LORI A. 8828 VALJEAN AVE. NORTH HILLS, CA 91343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/02

Date

918-557-5900

Daytime Phone #

CR2E034 (4/02)

Attachment

F92000000445  
124047

**BARNES & ASSOCIATES**  
**PROFESSIONAL SERVICES, INC.**

6300 Wilshire Blvd.  
Suite 700  
Los Angeles, California  
90048-5209  
(323) 782-3500  
FAX (323) 782-1007

August 14, 2002

Investigation

Research

Litigation  
Support

Offices in  
Houston and  
Fort Lauderdale

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find enclosed Barnes & Associates Professional Services, Inc. completed 2002 Uniform Business Report and our check for \$550.00 to cover the required filing fees.

We are moving our California office effective August 23, 2002 to:

500 North Brand Blvd., Suite 200  
Glendale, CA 91203  
Phone: (818) 551-5900

If you have any questions or need further information I can be reached at (800) 989-2753 or by email at [craymond@barnes-assoc.com](mailto:craymond@barnes-assoc.com).

Sincerely,

BARNES & ASSOCIATES  
PROFESSIONAL SERVICES, INC.



By: Cindy Raymond  
Licensing Administrator

Encls.

[www.barnes-assoc.com](http://www.barnes-assoc.com)