

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005469

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: PARACORP INCORPORATED

## Current Principal Place of Business:

640 BERCUT DRIVE SUITE A  
SACRAMENTO, CA 95814

## New Principal Place of Business:

## Current Mailing Address:

640 BERCUT DRIVE SUITE A  
SACRAMENTO, CA 95814

## New Mailing Address:

P.O. BOX 160568  
SACRAMENTO, CA 95816

FEI Number: 94-2756118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.  
236 EAST 6TH AVE  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: CONNER, LYNN R  
Address: 640 BERCUT DRIVE SUITE A  
City-St-Zip: SACRAMENTO, CA 95814

Title: S ( ) Delete  
Name: GEIGER, BARBARA  
Address: 640 BERCUT DRIVE SUITE A  
City-St-Zip: SACRAMENTO, CA 95814

Title: D ( ) Delete  
Name: ZAHN, CATHERINE  
Address: 640 BERCUT DRIVE SUITE A  
City-St-Zip: SACRAMENTO, CA 95814

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GEIGER

S

04/07/2004

Electronic Signature of Signing Officer or Director

Date