

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90165 024 ***150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # F99000006281					
1. Entity Name KNOWLEDGE BEGINNINGS CORPORATE SOLUTIONS, INC.					
Principal Place of Business 1250 FOURTH ST. STE 550 SANTA MONICA, CA 90401		Mailing Address 1250 FOURTH ST. STE 550 SANTA MONICA, CA 90401			
2. Principal Place of Business 573 Park Point Drive		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Golden, Colorado		City & State		4. FEI Number 68-0441832	
Zip 80401		Country Jefferson		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		9. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEYMANN, THOMAS A	NAME	HEYMANN, THOMAS		
STREET ADDRESS	1250 FOURTH ST., STE 550	STREET ADDRESS	1250 Fourth Street, 6th Floor		
CITY-ST-ZIP	SANTA MONICA, CA 90401	CITY-ST-ZIP	Santa Monica, CA 90401		
TITLE	P <input type="checkbox"/> Delete	TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	YALOW, ELANNA S	NAME	KRIPALANI, EVA		
STREET ADDRESS	4340 REDWOOD HIGHWAY, BLDG. B	STREET ADDRESS	650 Holladay, Suite 1400		
CITY-ST-ZIP	SAN RAFAEL, CA 949032121	CITY-ST-ZIP	Portland, Oregon 97232		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PINERMAN, RALPH	NAME	Finerman, Ralph		
STREET ADDRESS	1250 FORTH STREET, STE 550	STREET ADDRESS	1250 Fourth Street, 5th Floor		
CITY-ST-ZIP	SANTA MONICA, CA 90401	CITY-ST-ZIP	Santa Monica, CA 90401		
TITLE	S <input type="checkbox"/> Delete	TITLE	EVP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARON, STANLEY E	NAME	JACKSON, DAN		
STREET ADDRESS	1250 FOURTH ST., STE 550	STREET ADDRESS	650 NE Holladay, Suite 1400		
CITY-ST-ZIP	SANTA MONICA, CA 90401	CITY-ST-ZIP	Portland, Oregon 97232		
TITLE	CFO <input type="checkbox"/> Delete	TITLE	ATTC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULLER, MARK	NAME	Fuller, Mark		
STREET ADDRESS	4340 REDWOOD HIGHWAY BLDG B	STREET ADDRESS	573 Park Point Drive		
CITY-ST-ZIP	SAN RAFAEL, CA 949032121	CITY-ST-ZIP	Golden, CO 80401		
TITLE	D <input type="checkbox"/> Delete	TITLE	SVP/Chief Development Ofcr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COHN, ADAM	NAME	WALTERS, BRUCE		
STREET ADDRESS	1250 FOURTH STREET, STE 550	STREET ADDRESS	650 NE Holladay, Suite 1400		
CITY-ST-ZIP	SANTA MONICA, CA 90401	CITY-ST-ZIP	Portland, Oregon 97232		
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 reports 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: <u>Stanley E. Maron</u> Stanley E. Maron, Secretary					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT

#F99000006281
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ATTACHMENT 11.

KNOWLEDGE BEGINNINGS CORPORATE SOLUTIONS, INC.

ADDITIONAL OFFICERS

SVP/Human Recourses
Edward Brewington
650 NE Holladay, Suite 1400
Portland, Oregon 97232

SVP/Operations
S. Wray Hutchinson
650 NE Holladay, Suite 1400
Portland, Oregon 97232

VP Accounting/Controller
Paul Tosetti
573 Park Point Drive
Golden, Colorado 80401

VP
Diane Colum
650 NE Holladay, Suite 1400
Portland, Oregon 97232

VP/AS
Leslie Armstrong
573 Park Point Drive
Golden, Colorado 80401

VP
Karen Gard
573 Park Point Drive
Golden, Colorado 80401

VP
Kathleen Giel
573 Park Point Drive
Golden, Colorado 80401

AS
David S. Kyman
1250 Fourth Street, Suite 550
Santa Monica, California 90401