

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90019 010 ***150.00

DOCUMENT # P14696	
1. Entity Name HEAD DISTRIBUTING COMPANY	



Principal Place of Business 3524 NW 56 OKLAHOMA CITY, OK 73112	Mailing Address 3524 NW 56 OKLAHOMA CITY, OK 73112
--	--

54003310

2. Principal Place of Business 5701 N Shartel	3. Mailing Address 5701 N. Shartel
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01282004 Chg-P CR2E034 (10/03)

City & State Oklahoma City, OK	City & State Oklahoma City, OK
Zip 73118	Zip 73118
Country USA	Country USA

4. FEI Number 58-1095258	Applied For <input type="checkbox"/> Not Applicable
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	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDER, NEAL J 1945 LAKEPOINTE DR. LEWISVILLE, TX 75057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See Attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HERNANDEZ, CARLOS M 1945 LAKE POINTE DR. LEWISVILLE, TX 75057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS HILDRETH, MATTHEW H 1945 LAKEPOINTE DR. LEWISVILLE, TX 75057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, CHARLES L 1945 LAKEPOINTE DR. LEWISVILLE, TX 75057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REBEL, JERRY P 1945 LAKEPOINTE DR. LEWISVILLE, TX 75057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SHELDON, NATHAN L 3524 NW 56 OKLAHOMA CITY, OK 73112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Mike Beckwith **1-30-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE Date Daytime Phone #

Mike Beckwith, Assistant Treasurer

Attachment

#P14696

54005578

HEAD DISTRIBUTING COMPANY
List of Corporation Officers and Directors

OFFICER:

ADDRESS:

J. Michael Walsh
President and CEO

395 Oyster Point Blvd, Suite 415
South San Francisco, Ca 94080-1932

Cyril Wan
Vice-President

395 Oyster Point Blvd, Suite 415
South San Francisco, Ca 94080-1932

Thomas A. Morrow
Vice President

395 Oyster Point Blvd, Suite 415
South San Francisco, Ca 94080-1932

Henry Hautau
Secretary

395 Oyster Point Blvd, Suite 412.
South San Francisco, Ca 94080-1932

Stacy Loretz-Congdon
Treasurer and Ass't Secretary

395 Oyster Point Blvd., Suite 412
South San Francisco, Ca 94080-1932

Gregory P. Antholzner
Vice President

395 Oyster Point Blvd., Suite 412
South San Francisco, Ca 94080-1932

Michael Beckwith
Assistant Treasurer

5701 N. Shartel
Oklahoma City, Ok 73118

DIRECTOR:

ADDRESS:

J. Michael Walsh.

395 Oyster Point Blvd., Suite 412
South San Francisco, Ca 94080-1932

Schedule #1
58 1095258