

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23272

1. Entity Name

CANINE COMPANIONS FOR INDEPENDENCE, INC.

Principal Place of Business

2965 DUTTON AVE
SANTA ROSA CA 95407
US

Mailing Address

P.O. BOX 446
SANTA ROSA CA 95402-0446
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2494324

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGARET AGER
C/O CANINE COMPANIONS FOR INDEPENDENCE
1073-B ORIENTA AVE
ALTAMONTE SPGS. FL 32701

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
NAME SCHULZ, JEAN
STREET ADDRESS 4900 UPPER RIDGE ROAD
CITY-ST-ZIP SANTA ROSA CA

TITLE D Change Addition
NAME Corey Hudson
STREET ADDRESS c/o 2965 Dutton Avenue
CITY-ST-ZIP Santa Rosa, CA 95407

TITLE VP Delete
NAME GITTINGER, ANNE
STREET ADDRESS 2033 1ST AVE
CITY-ST-ZIP SEATTLE WA

TITLE Change Addition
NAME
STREET ADDRESS 800004190908--8
CITY-ST-ZIP

TITLE S Delete
NAME EMRICK, MARY
STREET ADDRESS 1700 PARKVIEW DRIVE
CITY-ST-ZIP SAN BRUNO CA

TITLE S Change Addition
NAME Jerry Bergeron
STREET ADDRESS 419 Lost Brook Dr., L.P.R.
CITY-ST-ZIP Estes Park, CO 80517

TITLE T Delete
NAME TED ROGAHN
STREET ADDRESS 3329 CANDLEWOOD ST
CITY-ST-ZIP LAKEWOOD CA 90712

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME GUREVITCH, RUSS
STREET ADDRESS 6054 HYLAND WAY
CITY-ST-ZIP PENNINGROVE CA

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME LEVIN, TERRY
STREET ADDRESS ONE LOCUST STREET
CITY-ST-ZIP SAN FRANCISCO CA

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE REQUIRED

Corey Hudson

(707)

577-1700



DO NOT WRITE IN THIS SPACE

01 MAY -9 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (10/00)

mw



ACCOUNT NO. : 072100000032
 REFERENCE : 123885 4369921
 AUTHORIZATION : *Patricia Pizut*
 COST LIMIT : \$ 61.25

ORDER DATE : April 20, 2001
 ORDER TIME : 10:12 AM
 ORDER NO. : 123885-005
 CUSTOMER NO: 4369921
 CUSTOMER: Ms. Elizabeth Stalker
 Canine Companions For
 P.o. Box 446
 Santa Rosa, CA 95402-0446

RECEIVED
 01 MAY -9 AM 11: 27
 DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: CANINE COMPANIONS FOR
 INDEPENDENCE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS:

SP
5/19