

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90028 008 \*\*\*\*61.25

0093064

**DOCUMENT # P23272**

1. Entity Name  
**CANINE COMPANIONS FOR INDEPENDENCE, INC.**

Principal Place of Business <b>2965 DUTTON AVE          SANTA ROSA CA 95407          US</b>	Mailing Address <b>P.O. BOX 446          SANTA ROSA CA 95402-0446          US</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>94-2494324</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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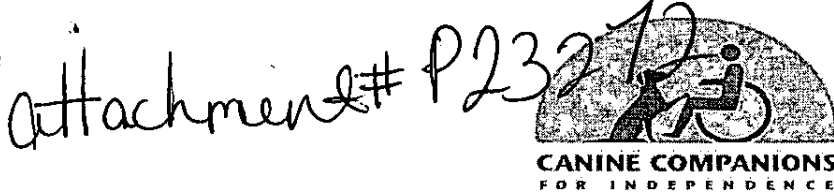
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHULZ, JEAN</b> <b>4900 UPPER RIDGE ROAD</b> <b>SANTA ROSA CA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GITTINGER, ANNE</b> <b>2033 1ST AVE</b> <b>SEATTLE WA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUDSON, COREY</b> <b>C/O 2965 DUTTON AVENUE</b> <b>SANTA ROSA CA 95407</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROGAHN, TED</b> <b>3329 CANDLEWOOD ST</b> <b>LAKEWOOD CA 90712</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUREVITCH, RUSS</b> <b>6054 HYLAND WAY</b> <b>PENNGROVE CA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVIN, TERRY</b> <b>ONE LOCUST STREET</b> <b>SAN FRANCISCO CA</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>see attached</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Jeannette Schulz* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 1/12/12 Daytime Phone # 7075771716

CR2E037 (9/01)



January 28, 2002

**CANINE COMPANIONS FOR INDEPENDENCE - NATIONAL BOARD OF DIRECTORS**

(All CCI Board Members serve voluntarily, without compensation)

**PRESIDENT:**

JEAN SCHULZ Term: 01/01/01-12/31/02 4900 Upper Ridge Road, Santa Rosa, CA 95404 (707) 577-1700

**VICE-PRESIDENT:**

ANNE GITTINGER Term: 01/01/02-12/31/03 2033 1st Ave., Seattle, WA 98121 (206) 448-0179

**VICE-PRESIDENT:**

DEBRA CROW Term: 01/01/02-12/31/03 4856 Glencannon St., Santa Rosa, CA 95405 (707) 537-0321

**SECRETARY:**

JERRY BERGERON Term: 01/01/01-12/31/02 419 Lost Brook Dr., L.P.R., Estes Park, CO 80517 (970) 586-5498

**TREASURER:**

TED ROGAHN Term: 01/01/01-12/31/02 3329 Candlewood St., Lakewood, CA 90712 (562) 408-1078

**DIRECTORS:**

SUSAN ANSBERRY Term: 01/01/01-12/31/02 275 Battery St., 23rd Floor, San Francisco, CA 94111 (415) 986-2800

SUSANNE BERGERON Term: 01/01/02-12/31/03 419 Lost Brook Dr., L.P.R., Estes Park, CO 80517 (970) 586-5498

JOHN ELLIOTT Term: 02/04/01-12/31/02 604 Robin Dale Dr., Austin, TX 78734 (512) 261-7937

JoANN ELLIOTT Term: 10/12/01-12/31/02 604 Robin Dale Dr., Austin, TX 78734 (512) 261-7937

MARY EMRICK Term: 01/01/01-12/31/02 1700 Parkview Dr., San Bruno, CA 94066 (650) 588-6214

RUSS GUREVITCH Term: 01/01/02-12/31/03 6054 Hyland Way, Pennngrove, CA 94951 (707) 778-6065

BARBARA HOPP Term: 01/01/01-12/31/02 2413 Magowan Dr., Santa Rosa, CA 95405 (707) 538-3869

TERRY LEVIN Term: 01/01/02-12/31/03 One Locust Street, San Francisco, CA 94118 (415) 567-6224

JOHN MILLER Term: 01/01/02-12/31/03 65 Hilton Ave., Garden City, NY 11530 (516) 248-1211

NANCY SAWHNEY Term: 01/01/02-12/31/03 1100 Santa Barbara Ct., Sacramento, CA 95403 (916) 448-7678

DENNIS SPROULE Term: 01/01/02-12/31/03 2254 Via Ingreso, Fullerton, CA 92833 (562) 929-8722

JACK WARNOCK Term: 01/01/02-12/31/03 524 Texas St., San Francisco, CA 94107 (415) 282-9749

WILLIAM WHITE Term: 01/01/02-12/31/03 6100 Lake Ellenor Dr., Orlando FL 32809 (407) 290-0145

SHELBY HAMLETT Term: 06/01/00-06/01/02 1734 North St., N. W. Washington D.C. 20036-2990 (202) 347-3168

JOE WOODRUFF Term: 07/01/01-6/30/02 1024 Garden St. #2, Santa Barbara, CA 93101 (805) 965-6867

**CORPORATE AGENTS:**

COREY HUDSON EXECUTIVE DIRECTOR #6 Voss Park Circle, Santa Rosa, CA 95403

ALAN FEINNE CHIEF FINANCIAL OFFICER 1404 Gold Way, Rohnert Park, CA 94928

National Headquarters &  
Northwest Regional Center  
2985 Dutton Avenue  
PO Box 446  
Santa Rosa, CA 95402-0446  
(707) 577-1700 Voice  
(707) 577-1756 TDD

North Central Regional Center  
4989 State Route 37 East  
Delaware, OH 43015-9682  
(740) 548-4447 VTDD

Northeast Regional Center  
SUNY Farmingdale  
Farm Complex-Melville Road  
PO Box 205  
Farmingdale, NY 11735-0205  
(631) 694-6938 VTDD

Southeast Regional Center  
8154 Clarcona Ocoee Rd.  
PO Box 680388  
Orlando, FL 32868-0388  
(407) 522-3300 Voice

Southwest Regional Center  
124 Rancho del Oro Drive  
PO Box 4568  
Oceanside, CA 92052  
(760) 754-3300 Voice  
(760) 754-3308 TDD