2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2004 8:00 am Secretary of State DOCUMENT # F02000003451 1. Entity Name 01-26-2004 90054 024 ***150.00 HAMILTON COMPANY (NV) Principal Place of Business Mailing Address 4970 ENERGY WAY P.O. BOX 10030 **RENO NV 89502** RENO NV 89520-0012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 95-2217116 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent week to be the second C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition ☐ Delete TITLE NAME HAMILTON, STEVEN T NAME 4970 ENERGY WAY STREET ADDRESS STREET ADDRESS **RENO NV 89502** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HAMILTON, FRANKLIN NAME NAME STREET ADDRESS 4980 ENERGY WAY STREET ADDRESS **RENO NV 89502** CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition NAME HAMILTON, DAN O NAME STREET ADDRESS 4960 ENERGY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RENO NV 89502** TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

FILED