


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90046 002 ***150.00

DOCUMENT # F03000001635

1. Entity Name
ADMINISTRATIVE SYSTEMS, INC.



Principal Place of Business
**1310 MERCER STREET STE. 200
 SEATTLE, WA 98109**

Mailing Address
**1310 MERCER STREET STE. 200
 SEATTLE, WA 98109**

94033300

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03162004 Chg-P CR2E034 (10/03)

4. FEI Number
05-0555470 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
 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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete BECKER, LAWRENCE K 787 7TH AVENUE 49TH FL NEW YORK, NY 10019
TITLE DP	<input type="checkbox"/> Delete CASHMAN, ALAN 787 7TH AVENUE 49TH FL NEW YORK, NY 10019
TITLE DVP	<input type="checkbox"/> Delete CASHMAN, BONNIE 787 7TH AVENUE 49TH FL NEW YORK, NY 10019
TITLE S	<input type="checkbox"/> Delete CARROLL, ELIZABETH 787 7TH AVENUE 49TH FL NEW YORK, NY 10019
TITLE VP	<input type="checkbox"/> Delete COOPER, JODY LADLE 787 7TH AVENUE 49TH FL. 200 NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Robert Zuccaro 787 7th Ave. 49th Fl. New York, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bonnie Cashman, Director 787-7th Ave. 49th Fl. New York, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Marti Katsel 1310 Mercer St. #200 Seattle WA 98109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Elizabeth Carroll 3/16/04 (206)343-5633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #