

2006 FOR PROFIT CORPORATION ANNUAL REPORT


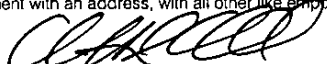
FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90024 013 ***150.00

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02092006 Chg-P CR2E034 (11/05)

| | | | |
|--|--|---|--|
| 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New 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 |
| 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, 2006 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 | D ZUCCARO, ROBERT 787 7TH AVENUE 49TH FL NEW YORK, NY 10019 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Lori Lieser 221 E. Walton Chicago, IL 60611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CASHMAN, ALAN 1310 MERCER STREET, SUITE 200 SEATTLE, WA 98109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS (asst. secretary) Miriam Katz 787 7th Ave 49th Fl. New York, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP CASHMAN, BONNIE 1310 MERCER STREET, SUITE 200 SEATTLE, WA 98109 <input 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 | SVP CARROLL, ELIZABETH 1310 MERCER STREET, SUITE 200 SEATTLE, WA 98109 <input 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 SCHLEGEL, JODY LADLE 1310 MERCER STREET, SUITE 200 SEATTLE, WA 98109 <input 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 | T KATSEL, MARTI 1310 MERCER ST., #200 SEATTLE, WA 98109 <input 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 exemptions contained in Chapter 119, 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:  | | Date: 2/9/06 Daytime Phone #: (206) 343-5633 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |