

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001635

FILED
Feb 14, 2008
Secretary of State

Entity Name: ADMINISTRATIVE SYSTEMS, INC.

Current Principal Place of Business:

111 QUEEN ANNE AVE N SUITE 200
SEATTLE, WA 98109

New Principal Place of Business:

Current Mailing Address:

111 QUEEN ANNE AVE N SUITE 200
SEATTLE, WA 98109

New Mailing Address:

FEI Number: 05-0555470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZUCCARO, ROBERT
Address: 787 7TH AVENUE 49TH FL
City-St-Zip: NEW YORK, NY 10019

Title: DP () Delete
Name: CASHMAN, ALAN
Address: 111 QUEEN ANNE AVE N SUITE 200
City-St-Zip: SEATTLE, WA 98109

Title: DVP () Delete
Name: CASHMAN, BONNIE
Address: 111 QUEEN ANNE AVE N SUITE 200
City-St-Zip: SEATTLE, WA 98109

Title: SVP () Delete
Name: CARROLL, ELIZABETH
Address: 111 QUEEN ANNE AVE N SUITE 200
City-St-Zip: SEATTLE, WA 98109

Title: VP () Delete
Name: SCHLEGEL, JODY LADLE
Address: 111 QUEEN ANNE AVE N SUITE 200
City-St-Zip: SEATTLE, WA 98109

Title: T () Delete
Name: KATSEL, MARTI
Address: 111 QUEEN ANNE AVE N SUITE 200
City-St-Zip: SEATTLE, WA 98109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: HILL, WILLIAM J
Address: 111 QUEEN ANNE AVE N SUITE 200
City-St-Zip: SEATTLE, WA 98109

Title: DVP (X) Change () Addition
Name: RICHTER, GEORGE W
Address: 111 QUEEN ANNE AVE N SUITE 200
City-St-Zip: SEATTLE, WA 98109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH CARROLL

SVP

02/14/2008

Electronic Signature of Signing Officer or Director

_____ Date