


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90216 034 ***150.00

DOCUMENT # P03000151223

1. Entity Name
AS MERGER CORP.



Principal Place of Business Mailing Address
787 SEVENTH AVE., 49TH FLOOR **787 SEVENTH AVE., 49TH FLOOR**
NEW YORK, NY 10019 **NEW YORK, NY 10019**

2. Principal Place of Business 3. Mailing Address
1310 Mercer Street Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200

City & State City & State
Seattle, WA

Zip Country Zip Country
98109 **USA**

04062004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
05-0555470 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	Alan Cashman	
STREET ADDRESS	1310 Mercer Street, Suite 200	
CITY-ST-ZIP	Seattle, WA 98109	
TITLE	SV	<input type="checkbox"/> Delete
NAME	Elizabeth Carroll	
STREET ADDRESS	1310 Mercer Street, Suite 200	
CITY-ST-ZIP	Seattle, WA 98109	
TITLE	T	<input type="checkbox"/> Delete
NAME	Marti L. Katsel	
STREET ADDRESS	1310 Mercer Street, Suite 200	
CITY-ST-ZIP	Seattle, WA 98109	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Bonnie Cashman	
STREET ADDRESS	1310 Mercer Street, Suite 200	
CITY-ST-ZIP	Seattle, WA 98109	
TITLE	V	<input type="checkbox"/> Delete
NAME	Lori M. Lieser	
STREET ADDRESS	500 W. Madison, Suite 2400	
CITY-ST-ZIP	Chicago, IL 60661	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert Zuccaro	
STREET ADDRESS	787 Seventh Ave, 49th Fl.	
CITY-ST-ZIP	New York, NY 10019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Lori M. Lieser* Date: 4/27/04 Daytime Phone #: 312-985-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #