


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 323631</b> 1. Entity Name <b>TRANSCONEX INCORPORATED</b>	
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Principal Place of Business <b>2600 LLOYD ROAD JACKSONVILLE, FL 32254 US</b>	Mailing Address <b>450 SHATTUCK AVE S 401 RENTON, WA 98055</b>
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1198776</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

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  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LEPAGE, JEFFREY 450 SHATTUCK AVE S STE 401 RENTON, WA 98055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEPAGE, MATTHEW J 450 SHATTUCK AVE S STE 401 RENTON, WA 98055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BROWN, BRUCE 450 SHATTUCK AVE S STE 401 RENTON, WA 98055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JACOBSON, TIMOTHY 450 SHATTUCK AVE S STE 401 RENTON, WA 98055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80070-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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**  **MATTHEW J. LEPAGE** **1/08/2004 206-382-0750**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #