|  | 2005 FOR PROFIT CORPORATION<br>ANNUAL REPORT  |  | FILED<br>May 02, 2005 8:00 an<br>Secretary of State |                    |  |
|--|---|--|---|--------------------|--|
| 18340 NPL 76TH STREET       500 POST #0. EAST, SUITE 320       20054019         BEEMOND, WA 98052         CONCOME WRITE IN THIS SPACE         DO NOT WRITE IN THIS SPACE         CASE OF A STATE O   | 1. Entity Name  |  |   |                    |  |
| DO NOT WRITE IN THIS SPACE       No Chy-P       CR2E034 (10/03)         4. Eth Number<br>91:2073567  | 18340 N.E. 76TH STREET 500 POST RD. EAST, SUITE   | 320  |   |                    | IN THE THE AREA IN A THE                                   |
| CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSE, FL 32301   B. 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 familier with, and ac the obligations of registered agent.  SIGMATURE  Signature todard agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and ac the obligations of registered agent.  SIGMATURE  Signature todard or proof one of registered agent of the flogdate  (Intel Company)  PD OFFICERS AND DIRECTORS  OFFICERS  State addes to Fass DD NOTT WRITE INTEL VPS D OFFICERS AND DIRECTORS  OFFICERS  DD NOTT WRITE INTEL VPS D OFFICERS AND DIRECTORS  OFFICERS  DD NOTT WRITE INTEL VPS D OFFICERS  State addes to Fass DD ONOT WRITE INTEL VPS D OFFICERS  State addes State     |   | ACE  | 04252005 No<br>4. FEI Number<br>91-2073567          | o Chg-P CR2        | 2E034 (10/03) Applied For Not Applicable \$8.75 Additional |
| the obligations of registered agent.  SIGNATURE  Signature, hysel or porticed rannel registered agent and the # socialable  INOTE Registered Agent signature investigation of the resultable  FILE MOWIN FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  DO NOT WRITE  FUE VD WEE SPORT, CT 06880  TILE VD WESTPORT, CT 06880  TILE VD KNOLL, JEROME C SINET ADDRSS S00 POST RD. EAST - SUITE 320 CIT-S1-2P WESTPORT, CT 06880 TILE VD KNOLL, JEROME C SINET ADDRSS S00 POST RD. EAST - SUITE 320 CIT-S1-2P WESTPORT, CT 06880 TILE VD KNOLL, JEROME C SINET ADDRSS S00 POST RD. EAST - SUITE 320 CIT-S1-2P WESTPORT, CT 06880 TILE VD KNOLL, JEROME C SINET ADDRSS S00 POST RD. EAST - SUITE 320 CIT-S1-2P WESTPORT, CT 06880 TILE VD KNOLL, JEROME C SINET ADDRSS S00 POST RD. EAST - SUITE 320 CIT-S1-2P WESTPORT, CT 06880 TILE VD KNOLL, JEROME C SINET ADDRSS S00 POST RD. EAST - SUITE 320 CIT-S1-2P WESTPORT, CT 06880 TILE VD KNOLL, STRET ADDRSS S00 POST RD. EAST - SUITE 320 CIT-S1-2P WESTPORT, CT 06880 TILE VD KNOLL, STRET ADDRSS S00 POST RD. EAST - SUITE 320 CIT-S1-2P WESTPORT, CT 06880 TILE VD KNOLL ADDR SCORE A | CORPORATION SERVICE COMPANY<br>1201 HAYS ST.  |  |   |                    |  |
| PD       WAWE     WILKERSON, ROBERT R       STRET ADDRSS     18340 N.E. 76TH STREET       REDMOND, WA 98052     REDMOND, WA 98052       ITTLE     VD       MAWE     BROWN, F. ROGER       ISRET ADDRSS     18340 N.E. 76TH STREET       CITY-5T-2IP     REDMOND, WA 98052       ITTLE     VP5D       COHEN, ERIC I     500 POST RD. EAST - SUITE 320       CITY-5T-2IP     WESTPORT, CT 06880       ITTLE     VPFD       WIDMAN, PHILLIP C     500 POST RD. EAST - SUITE 320       CITY-5T-2IP     WESTPORT, CT 06880       ITTLE     VPD       WIDMAN, PHILLIP C       STRET ADDRSS     18340 N.E. 76TH STREET       REDMOND, WA 98052     INT THIS SPACE       STRET ADDRSS     18340 N.E. 76TH STREET       REDMOND, WA 98052     INT THIS SPACE       STRET ADDRSS     18340 N.E. 76TH STREET       REDMOND, WA 98052     INT ST-2P       REDMOND, WA 98052     INT STREET ADDRSS       ITT-5T-2P     REDMOND, WA 98052       ITTE     VD       WASE     SUSHNELL, S. WARD III AND T       JUT-ST-2P     ISA00 N.E. 76TH STREET       ITT-5T-2P     REDMOND, WA 98052       ITTE     VASD       ISA00 N.E. 76TH STREET     INT ST-2P       ISA00 N.E. 76T  | the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00   | stered Agent signature require   | id when reinstating)                                |                    |  |
| TITLE       VPFD         NAME       WIDMAN, PHILLIP C         STREET ADDRESS       500 POST RD. EAST - SUITE 320         CITY-ST-ZIP       WESTPORT, CT 06880         TITLE       VD         NAME       KNOLL, JEROME C         STREET ADDRESS       18340 N.E. 76TH STREET         CITY-ST-ZIP       REDMOND, WA 98052         TITLE       VASD         INTLE       VASD         STREET ADDRESS       18340 N.E. 76TH STREET         CITY-ST-ZIP       REDMOND, WA 98052         TITLE       VASD         INAME       BUSHNELL, S. WARD III         STREET ADDRESS       18340 N.E. 76TH STREET         CITY-ST-ZIP       REDMOND, WA 98052         TITLE       VASD         Ithereby certify that the information supplied with this filling 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 direct of the corporation or the receiver or trustee empowered to execute this report 607. Florida Statutes: and that my name appears in Block 10 or Block   | TITLE     PD       NAME     WILKERSON, ROBERT R       STREET ADDRESS     18340 N.E. 76TH STREET       CITY-ST-ZIP     REDMOND, WA 98052       TITLE     VD       NAME     BROWN, F. ROGER       STREET ADDRESS     18340 N.E. 76TH STREET       CITY-ST-ZIP     REDMOND, WA 98052       TITLE     VPSD       NAME     COHEN, ERIC I |  |   |                    |  |
| <ul> <li>STREET ADDRESS</li> <li>18340 N.E. 76TH STREET</li> <li>CITY-ST-ZIP</li> <li>18340 N.E. 76TH STREET</li> <li>CITY-ST-ZIP</li> <li>REDMOND, WA 98052</li> <li>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 dicated 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 direct 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</li> </ul>  | CITY-ST-ZIP     WESTPORT, CT 06880       ITTLE     VPFD       WIDMAN, PHILLIP C     500 POST RD. EAST - SUITE 320       CITY-ST-ZIP     WESTPORT, CT 06880       ITTLE     VD       VAME     KNOLL, JEROME C       STREET ADDRESS     18340 N.E. 76TH STREET       CITY-ST-ZIP     REDMOND, WA 98052                                | ······································                                 |   |                    |  |
| SIGNATURE: Eucl 4/26/05 803-222-71=  | STREET ADDRESS       18340 N.E. 76TH STREET   | exemption stated in S<br>nature shall have the<br>quired by Chapter 60 | 7, Florida Statutes; and                            | that my name appea | rs in Block 10 or Block 11 if                              |