
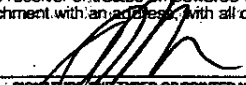


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90401 031 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000001081			
1. Entity Name ADMINISTRATIVE SERVICES HOLDING CORP.			
Principal Place of Business 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486		Mailing Address 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16-1653894		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIT 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DV KROUSE, RODGER R 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486 <input checked="" 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	DV LEDER, MARC J 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486 <input checked="" 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	V LIFF, M. STEVEN 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486 <input checked="" 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	V CALHOUN, KEVIN J. 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486 <input checked="" 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	V KREILEIN, DAVID L 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486 <input checked="" 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	V TERRY, CLARENCE E 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486 <input checked="" 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 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:  KEVIN J. CALHOUN		Date 4/30/04 Daytime Phone # 561-394-0550	

94078157



04272004 Chg-P CR2E034 (10/03)

4. FEI Number
16-1653894

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
KROUSE, RODGER R
5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
LEDER, MARC J
5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
LIFF, M. STEVEN
5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
CALHOUN, KEVIN J.
5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
KREILEIN, DAVID L
5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
TERRY, CLARENCE E
5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:  **KEVIN J. CALHOUN**

Date **4/30/04** Daytime Phone # **561-394-0550**

Attached

II 703066001081

**LIST OF OFFICERS & DIRECTORS OF
ADMINISTRATIVE SERVICES HOLDING CORP.
(a Delaware corporation)**

November 15, 2003

The named individuals listed below are elected or appointed officers of the Company, and each holds the office of the Company set forth opposite their name. The business address for the following officers and directors is 5200 Town Center Circle, Suite 470, Boca Raton, FL 33486:

DIRECTOR & VP	Rodger R. Krouse
DIRECTOR & VP	Marc J. Leder
Vice President	M. Steven Liff
Vice President	Kevin J. Calhoun
Vice President	David L. Kreilein
Vice President	Clarence E. Terry
Vice President and Assistant Secretary	C. Deryl Couch
Vice President	Jason Neimark
Vice President	T. Scott King
Vice President	Lynn Skillen
Vice President	Benjamin Emmons
Vice President	Michael Kalb

The business address for the following officers is 375 Park Avenue, Suite 1302, New York, NY 10152:

Vice President	Ralph Lynch
Vice President	Erik Swimmer

The business address for the following officers and directors is 3501 Frontage Road, Tampa, FL 33607:

CEO, President & Secretary	Jeffrey Bak
EVP & Treasurer	Arthur T. Schultz
VP & Asst. Secretary	Steven V. Hulslander
CFO & Asst. Secretary	Gregory C. Fisher

THE BUSINESS ADDRESS FOR THE FOLLOWING OFFICER IS 11111 Santa Monica Blvd., Suite 1050, Los Angeles, CA 90025:

Vice President	M. Steven Liff
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