


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90542 001 ***300.00

DOCUMENT # F03000003156	
1. Entity Name ARUP SERVICES NEW YORK LIMITED, INC.	

Principal Place of Business 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	Mailing Address 901 MARKET STREET #260 SAN FRANCISCO, CA 96107
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66412579

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 155 AVENUE OF THE AMERICAS Suite, Apt. #, etc. FLOOR 11 ATTN: LOUIS CURATOLO City & State NEW YORK, NY Zip 10013
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04012004 Chg-P CR2E034 (10/03)

4. FEI Number 13-3473567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMERSON, ROBERT F 13 FITZROY STREET LONDON W1T 4BQ, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERENCE HILL 13 FITZROY STREET LONDON W1T 4BQ ENGLAND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODKINSON, GREGORY S 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013 <input 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	D FITZPATRICK, ANTHONY J 901 MARKET STREET, SUITE 260 SAN FRANCISCO, CA 94103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEO ARGIRIS 155 AVENUE OF THE AMERICAS - 13TH Floor NEW YORK, NY 10013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMAN, MAHADEV 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013 <input 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	ST SOMERS, MICHAEL J 13 FITZROY STREET LONDON W1T 4BQ, <input 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	AS STALEY, MIRIAM L 901 MARKET STREET, SUITE 260 SAN FRANCISCO, CA 94103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAURENCE Noble 901 MARKET STREET, SUITE 260 SAN FRANCISCO, CA 94103 <input checked="" 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: LS Noble LARRY Noble 4/17/04 415.946.0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #