


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005250 1. Entity Name NORTH AMERICAN ENERGY SERVICES COMPANY	
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Principal Place of Business 1180 NW MAPLE STREET, SUITE 200 ISSAQUAH, WA 98029	Mailing Address 1180 NW MAPLE STREET, SUITE 200 ISSAQUAH, WA 98029
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 91-1111672	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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAVREAU, JOHN P 335 MADISON AVE. NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRATA, TOMOYUKI 335 MADISON AVE. NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOSHINO, AKIRA 335 MADISON AVE. NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEALE, STUART B 1180 NW MAPLE STREET, STE 200 ISSAQUAH, WA 98027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELIGER, KENNETH H 1180 NW MAPLE STREET, STE. 200 ISSAQUAH, WA 98027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC AMBUR, KENNETH R 1180 NW MAPLE STREET, STE 200 ISSAQUAH, WA 98027

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01/27/04-80017-012 150.00

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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: Stuart B. Neale **Stuart B. Neale** **1/13/04** **(425) 961-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #