

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005030

FILED  
Jan 15, 2007  
Secretary of State

Entity Name: THE ARCHIVE GROUP, INC.

## Current Principal Place of Business:

1800-112TH AVE., N.E.  
SUITE 250W  
BELLEVUE, WA 98004 US

## New Principal Place of Business:

1950-112TH AVE., N.E.  
SUITE 101  
BELLEVUE, WA 98004 US

## Current Mailing Address:

P.O. BOX 5064  
BELLEVUE, WA 980095064 US

## New Mailing Address:

FEI Number: 91-1609022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: NOORDA, ROY D  
Address: 1800-112TH AVE., N.E., SUITE 250W  
City-St-Zip: BELLEVUE, WA 98004

Title: DVS ( ) Delete  
Name: FOLEY, JEANNE M  
Address: 1800-112TH AVE., N.E., SUITE 250W  
City-St-Zip: BELLEVUE, WA 98004

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: NOORDA, ROY D  
Address: 1950-112TH AVE., N.E., SUITE 101  
City-St-Zip: BELLEVUE, WA 98004

Title: DVS (X) Change ( ) Addition  
Name: FOLEY, JEANNE M  
Address: 1950-112TH AVE., N.E., SUITE 101  
City-St-Zip: BELLEVUE, WA 98004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY D. NOORDA

PRES

01/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date