## **2005 FOR PROFIT CORPORATION**

## ANNUAL REPORT DOCUMENT # F94000000904

SIGNATURE:

**FILED** Jan 25, 2005 8:00 am Secretary of State

01-25-2005 90057 047 \*\*\*150.00

SSC PROPERTY HOLDINGS, INC. Principal Place of Business Mailing Address 1155 VALLEY STREET, STE. 400 1155 VALLEY STREET, STE. 400 50006379 SEATTLE, WA 98109 SEATTLE, WA 98109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 91-1628986 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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 \_\_\_\_\_\_\_Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPD TITLE ☐ Delete FITLE ☐ Change ☐ Addition BECK, HARRELL NAME NAME 1155 VALLEY STREET, STE. 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEATTLE, WA 98109 City-St-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRANT DAVID K NAME NAME 1155 VALLEY STREET, STE. 400 STREET ADDRESS STREET ADDRESS CITY-ST-7IP SEATTLE, WA 98109 CITY-ST-ZIP VP & Secretary TITLE Delete TITLE ☐ Change X Addition Jane A. Orenstein MCKAY, CHRISTINE NAME STREET ADDRESS 1155 VALLEY STREET, STE. 400 STREET ADDRESS 11555Valley Street, Suite 400 CITY-ST-ZIP SEATTLE, WA 98109 CITY-ST-ZIP Seattle, WA 98109 TITLE D ☐ Delete TITLE ☐ Change noitibbA SMITH W.J. NAME NAME STREET ADDRESS 1301 GARY WAY STREET ADDRESS CITY-ST-ZIP CARMICHAEL, CA 95608 CITY-ST-ZIP PC ☐ Delete TITLE TITLE Change Addition NAME BARBO, CHARLES K NAME STREET ADDRESS 1155 VALLEY STREET, STE. 400 STREET ADDRESS CITY-ST-7IP SEATTLE, WA 98109 CITY+ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Secretary

1–7–05

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #