2004 FOR PROFIT CORPORATION

Jan 20, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # F95000003403 GOODMAN REAL ESTATE, INC. Principal Place of Business Mailing Address 2801 ALASKAN WAY 2801 ALASKAN WAY STE 200 **STE 200** SEATTLE, WA 98121 SEATTLE, WA 98121 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 91-1516376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 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, 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSC TITLE GOODMAN, JOHN A NAME STREET ADDRESS 2801 ALASKAN WAY, SUITE 200 SEATTLE, WA 98121 CITY-ST-ZIP U0000007657 01/20/04-80033-012 158.75 TITLE NAME STREET ADDRESS CAY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7171 F NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS

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 carpowered to expect 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 provided the empowered.

SIGNATURE:

CITY-ST-ZIP TITLE MANY STREET ADDRESS CITY-ST-ZIP

> JOHN GOTHNY PRESIDENT ATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/12/04

FILED