2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # F95000003403 01-24-2006 90031 004 ***158.75 GOODMAN REAL ESTATE, INC. Principal Place of Business Mailing Address 2801 ALASKAN WAY 2801 ALASKAN WAY 40005602 **STE 200** STE 200 SEATTLE, WA 98121-SEATTLE, WA 98121 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 91-1516376 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address or Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1,2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change PSC : Delete TITLE CHAIRMAN Addition THLE GOODMAN, JOHN A NAME JOHN A. GOODMAN NAME 2801 ALASKWWAY, BUTTE 200 2801 ALASKAN WAY, SUITE 200 STREET ADDRESS STREET ADDRESS STATTLE WA. 98121 CITY-ST-7IP CITY-ST-ZIP SEATTLE, WA 98121 Addition IIIIF Defete TITLE PRESIDENT Change GEORGE PETRIE NAME NAME STREET ADDRESS 2801 ALASKIN WAY, SUITE 200 STREET ADDRESS SEMILE WA 98121 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information superied with file filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report spike 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 receiper of trustee employered 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. indicated on this report or supplement of the corporation or the receiper of the changed, or on an attachment with a

1/16/06

206-215-9816

JOHN A. GOODHW

CHAIRMAN

RINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Jan 24, 2006 8:00 am