2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

Secretary of State 03-24-2008 90051 046 ***158.75 DOCUMENT #F95000003403 GOODMAN REAL ESTATE, INC. quuoviv Principal Place of Business Mailing Address 2801 ALASKAN WAY 2801 ALASKAN WAY STE-200 STE 310 SEATTLE, WA 98121 STE 200 STE 310 SEATTLE, WA 98121 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 2801 ALAS KAN WAY 2801 ALASKAN WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 CR2E034 (12/06) Cha-P SUITE 310 SUITE 310 City & State 4. FEI Number Applied For City & State SEATTLE, WA SIMILE WA 91-1516376 Not Applicable Zip 98 12 1 Country USA Country \$8.75 Additional X 98121 5. Certificate of Status Desired AZU Fee Required 6. Name and Address of 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 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change ☐ Addition TITLE TITLE NAME GOODMAN, JOHN A NAME 2801 ALASKAN WAY, SUITE 310 2801 ALASKAN WAY, STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEATTLE, WA 98121 CITY-ST-ZIP STATUES WA 98121 **Change** TITLE ☐ Delete TITLE ☐ Addition PETRIE, GEORGE NAME NAME 2801 KUSKAN WAY, SUITE 310 STREET ADDRESS 2801 ALASKAN WAY, STE 200 STREET ADDRESS SEATTLE WA. 98121 CITY-ST-ZIP SEATTLE, WA 98121 CITY-ST-ZIP ☐ Change TITE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Med with his filing thes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 lee single were the same legal effect as if made under oath; that I am an officer or director lee single were the same legal effect as if made under oath; that I am an officer or director lee single were the same legal effect as if made under oath; that I am an officer or director lee single were same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; that I am an officer or director leads to the same legal effect as if made under oath; the same legal effect as if the same legal effect 12. I hereby certify that the information supp indicated on this report or supplemen of the corporation or the receiver or

JOHN GOODMAN, CHAIRMAN

NTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08

206-215-9816

Daytime Phone #

FILED Mar 24, 2008 8:00 am