

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004657 1. Entity Name MULVANNYG2 ARCHITECTURE CORPORATION	
--	---

Principal Place of Business 1110 112 AVE NE 500 BELLEVUE, WA 98004 US	Mailing Address 1110 112 AVE NE 500 BELLEVUE, WA 98004 US
---	---



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-0972198	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LEE, JERRY Q 9403 SE 33RD ST MERCER ISLAND, WA 98040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, MITCHELL C 18612 SE 41ST COURT ISSAQUAH, WA 98027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC PETERS, BARBARA 4241 135TH AVE, SE BELLEVUE, WA 98006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MADDOX, RONALD L. 14102 SE 83RD ST NEWCASTLE, WA 98059
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZHANG, MING 4881 FOREST AVE SE MERCER ISLAND, WA 98040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000155696
05/05/04-80047-018 150.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: 	4/22/04 Date	Y25 463 2000 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		