

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90018 045 ***150.00

DOCUMENT # F98000002259 1. Entity Name OLYMPIC CASCADE FINANCIAL CORPORATION					
Principal Place of Business 875 N. MICHIGAN AVE. #1560 CHICAGO, IL 60611 US			Mailing Address 875 N. MICHIGAN AVE. #1560 CHICAGO, IL 60611 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		60004300 	
4. FEI Number 36-4128138				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDWASSER, MARK 120 BROADWAY 27TH FLOOR NEW YORK, NY 10271	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURLAN, NORMAN J 33 WEST 17TH STREET, 9TH FLOOR NEW YORK, NY 10011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, GARY A 1246 WEST GEORGE STREET CHICAGO, IL 60657	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, GARY A 500 N DEARBORN ST, SUITE 605 CHICAGO, IL 60610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DASKAL, ROBERT H 875 N MICHIGAN AVE STE 1560 CHICAGO, IL 60611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DASKAL, ROBERT H 875 N MICHIGAN AVE, STE 1560 CHICAGO, IL 60611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSAN, ROBERT J 50 EAST 42ND ST, SUITE 510 NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLER, MARSHALL S. 10866 WILSHIRE BLVD, SUITE 1450 LOS ANGELES, CA 90024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RETTMAN, PETER 1001 FOURTH AVE 22ND FLOOR SEATTLE, WA 98154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWEY, CHRISTOPHER C. 120 BROADWAY, 27TH FLOOR NEW YORK, NY 10271 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this 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 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: _____ 01-18-07 312-867-3413 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					