


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90143 010 ***150.00

DOCUMENT # F98000004809 1. Entity Name FRED MEYER JEWELERS, INC.					
Principal Place of Business 3800 SE 22ND PORTLAND, OR 97202			Mailing Address PO BOX 42121 PORTLAND, OR 97242		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01112005 Chg-P CR2E034 (10/03)	
4. FEI Number 68-0202947				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 CORPORATION SERVICE COMPANY 1201 MAYS STREET TALLAHASSEE, FL 32301			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, 2005 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	D PICKLER, JOSEPH A 1014 VINE ST CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Engel, Peter M 3800 S.E. 22nd Avenue Portland OR 97202
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P Engel, Peter M 3800 S.E. 22nd Avenue Portland OR 97202		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DAYOBB, EDWARD A 3800 SE 22ND PORTLAND, OR 97202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Heldman, Paul W 1014 Vine Street Cincinnati OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VS Heldman, Paul W 1014 Vine Street Cincinnati OH 45202		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HELDMAN, PAUL W 1014 VINE STREET CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gack, Bruce 1014 Vine Street Cincinnati OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Gack, Bruce 1014 Vine Street Cincinnati OH 45202		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO DEATHERAGE, DAVID W 3800 SE 22ND PORTLAND, OR 97202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Van Oflen, Mary Elizabeth 1014 Vine Street Cincinnati OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Van Oflen, Mary Elizabeth 1014 Vine Street Cincinnati OH 45202		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HENDERSON, SCOTT M 1014 VINE STREET CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Dorothy D. 1014 Vine Street Cincinnati OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Roberts, Dorothy D. 1014 Vine Street Cincinnati OH 45202		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT AALBERG, JAMES C 3800 SE 22ND PORTLAND, OR 97202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Dorothy D. 1014 Vine Street Cincinnati OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Roberts, Dorothy D. 1014 Vine Street Cincinnati OH 45202		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>David Deather</u> Vice President & CFO 03/30/2005 503/797-7134 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					