

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90025 045 ***150.00

DOCUMENT # F9800006226
 1. Entity Name
DRAKE OFFICE OVERLOAD I, INC.



Principal Place of Business Mailing Address
 % HODGSON RUSS ANDREWS WOODS GOODYEAR HODGSON RUSS ANDREWS WOODS GOODYEAR
 1800 ONE M&T PLAZA 1800 ONE M&T PLAZA
 BUFFALO NY 14203 BUFFALO NY 14203



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **95-4555406** Applied For Not Applicable
 5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	HAMLYN, DOUG	
STREET ADDRESS	33 YONGE ST, SUITE 300	
CITY-ST-ZIP	TORONTO, ONTARIO CA m5e- 1g4	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DORMAN, WILLIAM	
STREET ADDRESS	6833 OAKLAWN AVE.	
CITY-ST-ZIP	EDINA MN 55435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KENNEDY, GWEN	
STREET ADDRESS	609 CALLE DE CERRITO	
CITY-ST-ZIP	ST. CLEMENTE CA 92672	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGLISH, TERRY	
STREET ADDRESS	243 NORTH SERVICE RD. W. STE. 100	
CITY-ST-ZIP	OAKVILLE, ONTARIO, CANADA l6m- 3e6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gwen Kennedy* **GWEN KENNEDY** *Feb 23/04 949-481-0112*
Signature, typed or printed name of signing officer or director Date Daytime Phone #