2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006956

Entity Name: EDEN BIOSCIENCE CORPORATION

FILED Jan 20, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3830 MONTE VILLA PARKWAY SUITE 100 BOTHELL, WA 980216942				3830 MONTE VILLA PARKWAY SUITE 100 BOTHELL, WA 980217266			
Current Mailing Address:				New Mailing Address:			
3830 MONTE VILLA PARKWAY SUITE 100 BOTHELL, WA 980216942			3830 MONTE VILLA PARKWAY SUITE 100 BOTHELL, WA 980217266				
FEI Number: 91-1649604 FEI Number Applied For () FEI Num		nber Not Applicable () Certificate of Status Desired (X)					
Name and Address of Current Registered Agent: Name					ame and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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.							
SIGNATUR		Signature of Registered Agent				 Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ATKINS, RHETT I	LA PARKWAY SUITE 100		Title: Name: Address: City-St-Zip:	ATKINS, RHET	VILLA PARKWAY SUITE 100	
Title: Name: Address: City-St-Zip:	POWELL, BRAD	Delete LA PARKWAY SUITE 100 80216942		Title: Name: Address: City-St-Zip:	POWELL, BRA	VILLA PARKWAY SUITE 100	
Title: Name: Address: City-St-Zip:	WEI, ZHONGMIN	LA PARKWAY SUITE 100		Title: Name: Address: City-St-Zip:	WEI, ZHONGN	VILLA PARKWAY SUITE 100	
Title: Name: Address: City-St-Zip:	D () E JAMES, ALBERT 3830 MONTE VIL BOTHELL, WA 9	A LA PARKWAY SUITE 100		Title: Name: Address: City-St-Zip:	JAMES, ALBE	VILLA PARKWAY SUITE 100	
Title: Name: Address: City-St-Zip:	WEYERHAEÙŚE	LA PARKWAY SUITE 100		Title: Name: Address: City-St-Zip:	WEYERHAEU:	() Change () Addition SER, WILLIAM T VILLA PARKWAY SUITE 100 A 980217266	
Title: Name: Address: City-St-Zip:	MAZA, AGATHÁ L	LA PARKWAY SUITE 100		Title: Name: Address: City-St-Zip:	MAZA, AGATH	VILLA PARKWAY SUITE 100	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAD POWELL VCFO 01/20/2004