

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90033 026 ***150.00

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1. Entity Name
INTEROCEAN UGLAND MANAGEMENT CORPORATION



Principal Place of Business
**221 LAUREL ROAD
TWO ECHOLON PLAZA, STE. 300
VOORHEES, NJ 08043**

Mailing Address
**221 LAUREL ROAD
TWO ECHOLON PLAZA, STE. 300
VOORHEES, NJ 08043**

54062004



07062004 Chg-P CR2E034 (10/03)

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
13-2835366

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BOGEN, BRIAN K**
STREET ADDRESS **1111 FAIRVIEW AVE., N**
CITY-ST-ZIP **SEATTLE, WA 98109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAGEE, ROBERT P**
STREET ADDRESS **32001 32ND AVE S**
CITY-ST-ZIP **FEDERAL WAY, WA 98001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **AGUIRRE, JORGE GEO**
STREET ADDRESS **TWO ECHOLON PLAZA, 221 LAUREL RD**
CITY-ST-ZIP **VOORHEES, NJ 08043**

TITLE ☒ Change ☐ Addition
NAME **CEO: DELETE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CAMPBELL, WILLIAM E JR**
STREET ADDRESS **TWO ECHOLON PLAZA, 221 LAUREL RD**
CITY-ST-ZIP **VOORHEES, NJ 08043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TABBUTT, MARK**
STREET ADDRESS **1111 FAIRVIEW AVE., N**
CITY-ST-ZIP **SEATTLE, WA 98109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MATTIO, DIANE L**
STREET ADDRESS **TWO ECHOLON PLAZA, 221 LAUREL RD**
CITY-ST-ZIP **VOORHEES, NJ 08043**

TITLE ☒ Change ☐ Addition
NAME **KONOPKA (new last name as of 2/14/04)**
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: *William E Campbell Jr Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04

Date

856-770-5617

Daytime Phone #