2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)						FILED Mar 12, 2004 8:00 am	
DOCUMENT # H37839 1. Entity Name			-			Secretary of State 03-12-2004 90001 004 ***150.00	
N-N-OUT HAMBURG	ERS, INC.						
incipal Place of Business	Ma	iling Address		L			
4199 CAMPUS DRIVE 9TH FLOOR IRVINE CA 92612 US		4199 CAMPUS DRIVE 9TH FLOOR IRVINE CA 92612 US				54017047	
Principal Place of Business	3. 1	Aailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 95-3962757 Applied For Not Applicable		
Zip C	Country Z	lip	Cour	ntry		5. Certificate of Status Desired Fee Required	
6. Name and	Address of Current Regist	ered Agent		Name	7	7. Name and Address of New Registered Agent	
NRAI-SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE FL 32301					ress (P.C	D. Box Number is Not Acceptable)	
				City		FL Zip Code	
The above named entity su the obligations of registered		urpose of changing it	s register	ed office or re	gistered	agent, or both, in the State of Florida. I am familiar with, and accept	
FILE NOW !!! F After May 1, 2004 F	计算法 医结核 计操作 医无关 化分子 计计算机 网络中国的新闻学校			ed Agent signature			
	OFFICERS AND DIREC	TORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE PSD ME SNYDER, EST REET ADDRESS 4199 CAMPUS Y-ST-ZIP IRVINE CA 92	DRIVE, 9TH FLOOR	Delete			4199	Addition der, Esther L. Campus Drive, 9th Floor	
		Delete	TITL		irvi	ine, CA 92612 □ Change □ Addition	
EET ADDRESS 4199 CAMPUS	KOTCH, ROGER L 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE CA 92612			ne Eet address (-st-zip			
	1	Delete	tit <u>l</u> Nan		SD Boyc	Addition XXChange Addition	
· · ·	ORIVE, 9TH FLOOR	· · ·		EET ADDRESS 41		P-Campus Drive, 9th-Floor	
LE D ME TAYLOR, MAR LEET ADDRESS 4199 CAMPUS	RK S DRIVE, 9TH FLOOR	Delete		ie Eet address	<u>lrv</u>]	in⊖, CA_92612 □ Change □ Addition	
Y-ST-ZIP IRVINE CA 92 LE ME REET ADDRESS		Delete	TITL	·		Change 🔲 Addition	
IY-ST-ZIP		Delete		(-ST-ZIP		Change 🗋 Addition	
neet address I'y-st-zip			NAA STR			– -	
 I hereby certify that the initiated on this report or of the corporation or the re- changed, or on an attach 	ormation supplied with this fi supplemental report is true a cceiver or trustee empowered nent with an address, with a	ing does not qualify fe ind accurate and that to execute this report off if like empowered	or the exe my signa t as requ d.	emption stated ature shall hav ired by Chapt	l in Secti e the sar er 607, F	ion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 10 or Block 11 if	
GIGNATURE:			Roge	r L. K			