2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L76969

Entity Name: SHAMROCK ASSOCIATES, INC.

FILED Jan 07, 2003 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

368 HAMPSHISRE AVENUE 368 HAMPSHIRE AVENUE SPRINGHILL, FL 34606 US SPRING HILL, FL 34606 US

Current Mailing Address: New Mailing Address:

368 HAMPSHIRE AVE SPRINGHILL, FL 34606 US SPRING HILL, FL 34606 US

FEI Number: 59-3019812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEEHAN, ROBERT J
368 HAMPSHIRE AVE.
SPRINGHILLHILL, FL 34606 US
SHEEHAN, ROBERT J
368 HAMPSHIRE AVE.
SPRING HILL, FL 34606 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.

SIGNATURE: 01/07/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP () Delete Title: DPTS (X) Change () Addition

Name:SHEEHAN, ELIZABETH AName:SHEEHAN, ROBERT JAddress:368 HAMPSHIRE AVEAddress:368 HAMPSHIRE AVECity-St-Zip:SPRINGHILL, FL 34606 USCity-St-Zip:SPRING HILL, FL 34606 US

Title: DTS (X) Delete Title: () Change () Addition

 Name:
 SHEEHAN, ROBERT J
 Name:

 Address:
 368 HAMPSHIRE AVE
 Address:

 City-St-Zip:
 SPRINGHILL, FL 34606 US
 City-St-Zip:

Title: V (X) Delete Title: () Change () Addition

Name:SHEEHAN, MICHAEL RName:Address:1411 HOYT AVEAddress:City-St-Zip:EVERETT, WA 98201 USCity-St-Zip:

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: ROBERT J. SHEEHAN DPTS 01/07/2003