

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000002608**

1. Entity Name  
**A.R. WATSON USA, L.L.C.**



Principal Place of Business  
**601 W. STATE ST.  
 SEDRO-WOOLLEY, WA 98284**

Mailing Address  
**601 W. STATE ST.  
 SEDRO-WOOLLEY, WA 98284**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>91-1716730</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTON, JOHN R 601 W. STATE ST. SEDRO-WOOLLEY, WA 98284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, A.R. 3201 BELTLINE RD., #124 DALLAS, TX 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/14/04-80003-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **J.R. NORTON** **1/6/04** **360-856-0571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #