


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000002535 1. Entity Name POWELL LAKE CLUB INC.	
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Principal Place of Business 824 MARKET ST, STE 900 WILMINGTON, DE 19801	Mailing Address 824 MARKET ST, STE 900 WILMINGTON, DE 19801
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DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0405875	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 _____

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCQUARRIE, ANDREW H
STREET ADDRESS	824 MARKET ST, STE 900
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	D
NAME	CLARKE, DARLENE
STREET ADDRESS	4911 BIRCH CIR
CITY-ST-ZIP	WILMINGTON, DE 19808
TITLE	D
NAME	MARINI, LARIO M
STREET ADDRESS	100 SOUTH RD
CITY-ST-ZIP	WILMINGTON, DE 19809
TITLE	PS
NAME	BLAXTER, H. VAUGHAN
STREET ADDRESS	1900 GRANT BLDG.
CITY-ST-ZIP	PITTSBURGH, PA 15219
TITLE	VT
NAME	MCQUARRIE, ANDREW H
STREET ADDRESS	824 MARKET STREET; STE. 900
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	V
NAME	RAHUBA, BARTLEY
STREET ADDRESS	1900 GRANT BLDG.
CITY-ST-ZIP	PITTSBURGH, PA 15219

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01/26/04-80068-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark M. Poljak 1/16/04

Date

Daytime Phone #