

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90216 034 ***150.00

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|--|---------------------------------|--|---|
| DOCUMENT # P03000151223 | | | |
| 1. Entity Name AS MERGER CORP. | | | |
| Principal Place of Business 787 SEVENTH AVE., 49TH FLOOR NEW YORK, NY 10019 | | Mailing Address 787 SEVENTH AVE., 49TH FLOOR NEW YORK, NY 10019 | |
| 2. Principal Place of Business 1310 Mercer Street Suite, Apt. #, etc. Suite 200 City & State Seattle, WA Zip 98109 Country USA | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
| 4. FEI Number 05-0555470 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD NAME Alan Cashman STREET ADDRESS 1310 Mercer Street, Suite 200 CITY-ST-ZIP Seattle, WA 98109 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SV NAME Elizabeth Carroll STREET ADDRESS 1310 Mercer Street, Suite 200 CITY-ST-ZIP Seattle, WA 98109 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE T NAME Marti L. Katsel STREET ADDRESS 1310 Mercer Street, Suite 200 CITY-ST-ZIP Seattle, WA 98109 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME Bonnie Cashman STREET ADDRESS 1310 Mercer Street, Suite 200 CITY-ST-ZIP Seattle, WA 98109 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V NAME Lori M. Lieser STREET ADDRESS 500 W. Madison, Suite 2400 CITY-ST-ZIP Chicago, IL 60661 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME Robert Zuccaro STREET ADDRESS 787 Seventh Ave, 49th Fl. CITY-ST-ZIP New York, NY 10019 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: | | 4/27/04 312-985-5100 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |