


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P18981 1. Entity Name CORUS BRANDS, INC.	
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Principal Place of Business 600 UNIVERSITY STREET STE. 2500 SEATTLE, WA 98101 US	Mailing Address 600 UNIVERSITY STREET STE. 2500 SEATTLE, WA 98101 US
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07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-0779426	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAPHAM, KENNETH W 2418 MARATHON LANE FT. LAUDERDALE, FL 33312

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO ZELLWEGER, MAX 4003 238TH PLACE SE #60A KIRKLAND, WA 98021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCABE, KEN 600 UNIVERSITY STREET, STE. 2500 SEATTLE, WA 98101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BATY, STAN 600 UNIVERSITY STREET, STE. 2500 SEATTLE, WA 98101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VERHOFF, RUTH 600 UNIVERSITY STREET, STE. 2500 SEATTLE, WA 98101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BATY, DANIEL R 3131 ELLIOT AVE #500 SEATTLE, WA 98121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000168300
07/26/04-80008-006 150.00

**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 life empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-19-04 206-728-9063
Ext. 209
Date Daytime Phone #