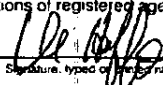


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-11-2004 90076 041 ***550.00

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DOCUMENT # P93000052676					
1. Entity Name ERH ASSOCIATES, INC.					
Principal Place of Business C/O LAURA HOFFMANN 237 LAFAYETTE ST., 10E NEW YORK NY 10012			Mailing Address C/O LAURA HOFFMANN 237 LAFAYETTE ST., 10E NEW YORK NY 10012		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2064334	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent XL CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802				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 		LAURA HOFFMANN		Office VP	
				May 7, 2004	
				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HOFFMANN-KOENGE, ERIKA		NAME		
STREET ADDRESS	237 LAFAYETTE ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10012		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HOFFMANN, ALEXANDER		NAME		
STREET ADDRESS	2716 ST. LAURENT PL		STREET ADDRESS		
CITY-ST-ZIP	LA JOLLA CA 92037		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HOFFMAN, LAURA		NAME		
STREET ADDRESS	237 LAFAYETTE ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10012		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HOFFMANN, CORINNA		NAME		
STREET ADDRESS	TORSTRASSE 140		STREET ADDRESS		
CITY-ST-ZIP	BERLIN, GERMANY 10119		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA HOFFMANN

VP

June 28, 04

Date

Daytime Phone #

212 226 1704