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## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P97000101398** 1. Entity Name 02-20-2004 90017 010 \*\*\*150.00 23 WEST CORP. Principal Place of Business Mailing Address **5801 NORTH CONGRESS AVENUE 5801 NORTH CONGRESS AVENUE** BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 5801 Congress Avenue 3. Mailing Address 5801 Congress Avenue: Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) Chg-P ~ -City & State City & State 4. FEI Number Applied For Boca Raton, Florida Boca Raton, 65-0818890 Florida Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33487 33487 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BOULEVARD **SUITE 1950** FORT LAUDERDALE, FL 33394 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete Addition TITLE NAME WOLF, STEVEN NAME 5801 Congress Avenue STREET ADDRESS 5801 NORTH CONGRESS AVENUE STREET ADDRESS Boca Raton, Florida 33487 CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SIEMENS, RICHARD MR NAME NAME 5801 Congress Avenue 5801 NORTH CONGRESS AVENUE STREET ADDRESS STREET ADDRESS Boca Raton, Florida 33487 CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ŦΠLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 received 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 of the corporation or the re changed, or on an attachin Steve Wolf, Director 0/17/04 561-498-520 SIGNATURE:

FILED

Feb 20, 2004 8:00 am