


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90024 012 ***150.00

| | |
|---|---|
| DOCUMENT # P98000105564 |  |
| 1. Entity Name SHREDDERS INCORPORATED | |

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| Principal Place of Business 5912 NE ARROWHEAD DR KENMORE, WA 98028 | Mailing Address 218 MAIN STREET SUITE 506 KIRKLAND, WA 98033 |
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24019939



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| 2. Principal Place of Business 3932 East Mercerway | 3. Mailing Address 218 MAIN STREET SUITE 506 KIRKLAND, WA 98033 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02172004 Chg-P CR2E034 (10/03)

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|---|-----------------------|
| City & State Mercer Island WA | City & State |
| Zip 98040 | Country USA |

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| 4. FEI Number 65-0883361 | 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 NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301 | |
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| 7. Name and Address of New Registered Agent | |
| -Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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 Paul G. Jarom | DATE 3-8-04 |
| (NOTE: Registered Agent signature required when re-registering) | |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JASON, PAUL 218 MAIN STREET #506 KIRKLAND, WA 98033 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JASON, SUSAN 218 MAIN STREET #506 KIRKLAND, WA 98033 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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: Paul G. Jarom | DATE 3-8-04 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

800554-0463