2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004
Secretary of State

DOCUMENT# P99000033084

Entity Name: 631 ASSOCIATES, INC.

Current Principal Place of Business:

C/O NOBLE HOUSE HOTELS & RESORTS, LTD
570 KIRKLAND WAY
KIRKLAND, WA 98033

New Principal Place of Business:

Current Mailing Address:

C/O NOBLE HOUSE HOTELS & RESORTS, LTD
570 KIRKLAND WAY
KIRKLAND, WA 98033

New Mailing Address:

FEI Number: 91-1963557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLEE, PATRICK R
Address: 570 KIRKLAND WAY
City-St-Zip: KIRKLAND, WA 98033

Title: D ( ) Delete
Name: BENECKE, MICHAEL
Address: 570 KIRKLAND WAY
City-St-Zip: KIRKLAND, WA 98033

Title: D ( ) Delete
Name: ROTH, JOSEPH H JR
Address: 87851 OLD HWY.
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete
Name: DYER, PATRICK
Address: 570 KIRKLAND WAY
City-St-Zip: KIRKLAND, WA 98033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK R. COLEE D 05/21/2004

Electronic Signature of Signing Officer or Director — Date