2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065871

FILED Jan 16, 2004 Secretary of State

Entity Name: KATHARINE H. GASKELL, INC. **Current Principal Place of Business: New Principal Place of Business:** 1000 VICARS LANDING WAY, PH-11 PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** 1000 VICARS LANDING WAY, PH-11 PONTE VEDRA BEACH, FL 32082 FEI Number: 59-3590003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: YONG, FRANK J YONG, FRANK J 701 FISK STREET STE 110 4570 ST JOHNS AVENUE JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32210 US 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: 01/16/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GASKELL, KATHARINE H Name: Name: 1000 VICARS LANDING WAY PH-11 Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: DC Title: () Delete () Change () Addition GASKELL, PETER H Name: Name: Address: Address: 743 KALASA ST HONOLULU, HI 96825 City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition GASKELL, THOMAS D Name: Name: RD 3 Address: Address: City-St-Zip: WHANGARE, NEW ZEALAND, 0121 City-St-Zip: Title: () Delete Title: () Change () Addition GASKELL, JAMES P Name: Name: Address: 106 LAKESIDE AVE Address: City-St-Zip: WEBSTER, MA 01570 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS GASKELL SD 01/16/2004

GASKELL, FREDERIC H

LOS GATOS, CA 95032

202 ACTURA VISTA

Name:

Address: City-St-Zip: