

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000033084

Entity Name: 631 ASSOCIATES, INC.

FILED  
Jun 12, 2012  
Secretary of State

**Current Principal Place of Business:**

C/O NOBLE HOUSE HOTELS & RESORTS, LTD  
600 6TH STREET S  
KIRKLAND, WA 98033

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NOBLE HOUSE HOTELS & RESORTS, LTD  
600 6TH STREET S  
KIRKLAND, WA 98033

**New Mailing Address:**

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

**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

**OFFICERS AND DIRECTORS:**

Title: D,PR  
Name: COLEE, PATRICK R  
Address: 600 6TH STREET S  
City-St-Zip: KIRKLAND, WA 98033

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

Title: CEO  
Name: DONOGHUE, JOHN M  
Address: 600 6TH STREET S  
City-St-Zip: KIRKLAND, WA 98033

Title: D,VP  
Name: DYER, M. P  
Address: 600 6TH STREET S  
City-St-Zip: KIRKLAND, WA 98033

Title: DCFO  
Name: BENECKE, MICHAEL J  
Address: 600 6TH STREET S  
City-St-Zip: KIRKLAND, WA 98033

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J BENECKE

CFO

06/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date