

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90030 015 ***150.00

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DOCUMENT # F00000003653

1. Entity Name
E-SURG CORPORATION

Principal Place of Business 1016 E. PIKE SUITE 300 SEATTLE WA 98122	Mailing Address 1016 E. PIKE SUITE 300 SEATTLE WA 98122
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624434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 94-3326989		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PC MAYER, DAVID B	<input type="checkbox"/> Delete	TITLE NAME	D Mark Brooks	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS	88 KING STREET, SUITE 302	1016 E Pike, Suite 300	STREET ADDRESS	1016 E Pike, Suite 300			
CITY-ST-ZIP	SEATTLE WA 98104	Seattle, WA 98122	CITY-ST-ZIP	Seattle, WA 98122			
TITLE NAME	V NELSON, MICHAEL	<input type="checkbox"/> Delete	TITLE NAME	D Jean George	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS	88 KING STREET, SUITE 302	1016 E Pike, Suite 300	STREET ADDRESS	1016 E Pike, Suite 300			
CITY-ST-ZIP	SEATTLE WA 98104	Seattle, WA 98122	CITY-ST-ZIP	Seattle, WA 98122			
TITLE NAME	ST YOUNG, DAVE	<input type="checkbox"/> Delete	TITLE NAME	D Brandon Hull	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS	88 KING STREET, SUITE 302	1016 E Pike, Suite 300	STREET ADDRESS	1016 E Pike, Suite 300			
CITY-ST-ZIP	SEATTLE WA 98104	Seattle, WA 98122	CITY-ST-ZIP	Seattle, WA 98122			
TITLE NAME	D ARNOLD, STEPHEN D	<input type="checkbox"/> Delete	TITLE NAME	D Jay Light	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS	88 KING STREET, SUITE 302	1016 E Pike, Suite 300	STREET ADDRESS	1016 E Pike, Suite 300			
CITY-ST-ZIP	SEATTLE WA 98104	Seattle, WA 98122	CITY-ST-ZIP	Seattle, WA 98122			
TITLE NAME	D CHEE, BRIAN	<input type="checkbox"/> Delete	TITLE NAME	CEO Ray Greer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS	88 KING STREET, SUITE 302	1016 E Pike, Suite 300	STREET ADDRESS	1016 E Pike, Suite 300			
CITY-ST-ZIP	SEATTLE WA 98104	Seattle, WA 98122	CITY-ST-ZIP	Seattle, WA 98122			
TITLE NAME	D KRINGEL, JOHN G	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	88 KING STREET, SUITE 302	1016 E Pike, Suite 300	STREET ADDRESS				
CITY-ST-ZIP	SEATTLE WA 98104	Seattle, WA 98122	CITY-ST-ZIP				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Mayer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01
Date Daytime Phone #

CR2E034 (10/00)