

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 25, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000007261

1. Entity Name
2BNATURAL CORPORATION

Principal Place of Business 8916 - 161ST AVE. NE REDMOND WA 98052	Mailing Address 8916 - 161ST AVE. NE REDMOND WA 98052
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2. Principal Place of Business 15940 REDMOND WAY	3. Mailing Address 15940 REDMOND WAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State REDMOND WA	City & State REDMOND WA
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Zip 98052	Country	Zip 98052	Country
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4. FEI Number 91-1881493	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.

 PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)

 City **FL** Zip Code

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 _____ **07/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D NAME TOLAN TIMOTHY J STREET ADDRESS 8916 - 161ST AVE. NE CITY-ST-ZIP REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE PTD NAME SOUTH DEAN STREET ADDRESS 8916 - 161ST AVE. NE CITY-ST-ZIP REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE D NAME BENNETT BRENDA STREET ADDRESS 8916 - 161ST AVE. NE CITY-ST-ZIP REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE CSD NAME BROWN CHARLES D STREET ADDRESS 8916 - 161ST AVE. NE CITY-ST-ZIP REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME TOLAN TIMOTHY J STREET ADDRESS 15940 REDMOND WAY CITY-ST-ZIP REDMOND WA 98052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PTD NAME SOUTH DEAN STREET ADDRESS 15940 REDMOND WAY CITY-ST-ZIP REDMOND WA 98052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BENNETT BRENDA STREET ADDRESS 15940 REDMOND WAY CITY-ST-ZIP REDMOND WA 98052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CSD NAME BROWN CHARLES D STREET ADDRESS 15940 REDMOND WAY CITY-ST-ZIP REDMOND WA 98052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: CHARLES D. BROWN **CSD** **07/25/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)