

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005807

1. Entity Name
SHANNON & WILSON, INC.



Principal Place of Business
**400 N. 34TH ST., STE. 100
SEATTLE, WA 98103**

Mailing Address
**P.O. BOX 300303
SEATTLE, WA 98103**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U000000481128
04/11/06-80017-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BUECHEL, GERARD J
1943 265TH AVE SE
SAMMAMISH, WA 98075**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSVP
ELLIS, HOLLIE L
2328 FRANKLIN AVE E
SEATTLE, WA 98102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COB
FISCHER, GREGORY R
5383 S. LAMAR ST.
LITTLETON, CO 80123**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TEVP
FRUEH, RICHARD H
10 BEACON HILL LANE
ST LOUIS, MO 63141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
ROBINSON, ROBERT A
647 NW 178TH PLACE
SHORELINE, WA 98177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MCDOWELL, DAVID M
2077 KATHLEEN ROAD
FAIRBANKS, AK 99712**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

206-695-6847

Hollie L. Ellis, Corporate Secretary