

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90053 009 \*\*\*150.00

**DOCUMENT # F93000001574**

1. Entity Name

**SAFECO CREDIT COMPANY, INC.**

Principal Place of Business

Mailing Address

**SAFECO PLAZA  
 SEATTLE WA 98185**

**REGULATORY COMPLIANCE  
 SAFECO PLAZA  
 SEATTLE WA 98185-0001  
 US**

**C0048392**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

**91-0840847**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC EIGSTI, ROGER H SAFECO PLAZA SEATTLE WA 98185</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MEANY, WILLIAM F SAFECO PLAZA SEATTLE WA 98185</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DICKEY, BOH SAFECO PLAZA SEATTLE WA 98185</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PIERSON, RODNEY A. SAFECO PLAZA SEATTLE WA 98185</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CVAS WOODS, DAVE A. SAFECO PLAZA SEATTLE WA 98185</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D MICHAEL R. CURRAN 10865 WILLOWS ROAD NE, SUITE E2 REDMOND, WA 98052-2554</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SR V BRUCE G. BAILEY 10865 WILLOWS ROAD NE, SUITE E2 REDMOND, WA 98052-2554</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SR V CHARLES C. SIMS 10865 WILLOWS ROAD NE, SUITE E2 REDMOND, WA 98052-2554</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIS/T/D RODNEY A. PIERSON 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/ASST. S DAVE A. WOODS 10865 WILLOWS ROAD NE, SUITE E2 REDMOND, WA 98052-2554</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST. S STEPHEN D. COLLIER 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903</b> <input type="checkbox"/> Change <input checked="" 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)(j), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN D. COLLIER, ASST. SEC.**

March 23, 2000

Date

(800) 544-2614

**CMPLNC@SAFECO.COM**

Daytime Phone #

CR2E034 (9/99)

**SAFECO CREDIT COMPANY, INC.**

Roger H. Eigsti	* Chairman of the Board
Michael R. Curran	* President
Bruce G. Bailey	Sr. V.P.
Charles C. Sims	Sr. V.P.
Rod A. Pierson	* V.P., Secretary, Treasurer
Michael F. McBride	V.P., Asst. Secy., General Counsel
Thomas Eylander	V.P.
Scott B. Heald	V.P.
David A. Woods	V.P., Controller, Asst. Secy.
James K. Bowles	Division V.P.
David Farrell	Division V.P.
Stephen M. Isaacson	Division V.P.
Richard C. Manske	Division V.P.
Douglas Mehl	Division V.P.
Patricia Y. Sampson	Division V.P.
David Simpson	Division V.P.
Carl M. Boruck	Asst. V.P.
Thomas McBroom	Asst. V.P.
Brian E. McGarry	Asst. V.P.
Glen M. Anderson	Division Asst. V.P.
Douglas E. Evenson	Division Asst. V.P.
Derrick D. Johnson	Division Asst. V.P.
Ron Koehler	Division Asst. V.P.
Richard Kurz	Division Asst. V.P.
Stephen D. Collier	Asst. Secy.
H. Paul Lowber	Asst. Secy.
George P. Yonker	Asst. Secy.
Boh A. Dickey	*

Attach.  
COO48392  
#  
E93n00001574

\* = Denotes Director

SAFECO Credit Company is 100% owned by SAFECO Corporation. The actual location of SAFECO Credit Company Inc. is: 10865 Willows Rd. NE, Ste. E-3, Redmond, WA 98052-2554. The mailing address of the corporate headquarters is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001.

DATED: February 11, 2000