

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90027 044 ***150.00

01/1/02 11

DOCUMENT # F99000005159

1. Entity Name
CUTTER & BUCK INC.

Principal Place of Business Mailing Address
2701 1ST AVE. #500 **2701 1ST AVE. #500**
SEATTLE WA 98121 **SEATTLE WA 98121**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
91-1474587 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
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, 2002 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	DCEO <input type="checkbox"/> Delete
STREET ADDRESS	JONES, HARVEY N
CITY-ST-ZIP	2701 FIRST AVENUE SEATTLE WA 98121
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	CONLEY, FRANCES M
CITY-ST-ZIP	2701 FIRST AVENUE SEATTLE WA 98121
TITLE NAME	P <input type="checkbox"/> Delete
STREET ADDRESS	MARKS, MARTIN J
CITY-ST-ZIP	2701 FIRST AVENUE SEATTLE WA 98121
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	MOUNGER, LARRY C
CITY-ST-ZIP	2701 FIRST AVENUE SEATTLE WA 98121
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	BROWNFIELD, MICHAEL S
CITY-ST-ZIP	2701 FIRST AVENUE SEATTLE WA 98121
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	TOWNE, JAMES C
CITY-ST-ZIP	2701 FIRST AVENUE SEATTLE WA 98121

TITLE NAME	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Stephen Lowber
CITY-ST-ZIP	2701 First Ave Seattle, WA 98121
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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: _____

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

CFO

9/15/02
Date

206-622-4191
Daytime Phone #

CR2E034 (9/01)