

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90084 039 \*\*\*150.00

40099662



06302006 Chg-P CR2E034 (11/05)

4. FEI Number  
43-1436329

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | P                   | <input type="checkbox"/> Delete            |
| NAME           | PASQUALETTO, JOHN G |  |
| STREET ADDRESS | 2101 4TH AVE        |  |
| CITY-ST-ZIP    | SEATTLE, WA 98121   |  |
| TITLE          | VP                  | <input type="checkbox"/> Delete            |
| NAME           | GERGASKO, RICH      |  |
| STREET ADDRESS | 2101 4TH AVE        |  |
| CITY-ST-ZIP    | SEATTLE, WA 98121   |  |
| TITLE          | S                   | <input checked="" type="checkbox"/> Delete |
| NAME           | DE VITA, JOE        |  |
| STREET ADDRESS | 2101 4TH AVE        |  |
| CITY-ST-ZIP    | SEATTLE, WA 98121   |  |
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | DE VITA, JOE        |  |
| STREET ADDRESS | 2101 4TH AVE        |  |
| CITY-ST-ZIP    | SEATTLE, WA 98121   |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | CHUNG, PETER Y      |  |
| STREET ADDRESS | 2101 4TH AVE        |  |
| CITY-ST-ZIP    | SEATTLE, WA 98121   |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | CARTER, J. SCOTT    |  |
| STREET ADDRESS | 2101 4TH AVE        |  |
| CITY-ST-ZIP    | SEATTLE, WA 98121   |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | Secretary               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | D. Drue Waf             |  |
| STREET ADDRESS | 2101 4th Ave Suite 1600 |  |
| CITY-ST-ZIP    | Seattle WA 98121        |  |
| TITLE          | Director                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Feildman, William M.    |  |
| STREET ADDRESS | 2101 4th Ave Suite 1600 |  |
| CITY-ST-ZIP    | Seattle WA 98121        |  |
| TITLE          | Director                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Josephson, Mural R.     |  |
| STREET ADDRESS | 2101 4th Ave Suite 1600 |  |
| CITY-ST-ZIP    | Seattle WA 98121        |  |
| TITLE          | Director                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Morris George M.        |  |
| STREET ADDRESS | 2101 4th Ave Suite 1600 |  |
| CITY-ST-ZIP    | Seattle WA 98121        |  |

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:

*Phil Romney* PHIL ROMNEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/06  
Date

206-269-8506  
Daytime Phone #