Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90008 033 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 831139

MILLIMAN & BORERTSON INC

IAIIFFIIAIVI	i α hoben ison, inc.									
Principal Place	of Business	Mailing	Address					111 5 18 11 9 1011 3	1811 BIBN 81811 BI	IBIT GIGTI (SSI
1301 FIFTH AVENUE SUITE 3800		1301 FIFTH AVENUE SUITE 3800 SEATTLE WA 98101-2805				DO NOT WRI	TE IN THIS	SPACE		
SEATTLE WA 9	8101-2605	SEATTLE WAY 30101-2005				!	3. Date Incorporated or Qualifed	12 114 11110	OI NOL	
							10/24/1973			}
2. Principal Pl	ace of Business	2a. Mai	ling Address				4. FEI Number	·	Apr	olied For
21		26					91-0675641		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	dditional
22		27				5. Certicate of Status Desired		Fee Red	quired	
City & State		City & State					6. Election Campaign Financing	п .	\$5.00	, ,
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Country			8. This corporation owes the cur	ent year int		
24	[25]	29		0			Personal Property Tax.			□No
	9. Name and Address of Current	Registere	d Agent	81	Name		10. Name and Address of New I	registereu	Agent	
СТ	CORPORATION SYSTEM			10.	IVAING					
1200 SOUTH PINE ISLAND RD.			82	Street	Addres	ss (P.O. Box Number is Not Accept	able)			
	ITATION FL 33324			83	ļ					
	***************************************			03						
				84	City			FL	85 Zip C	ode
44 5	to the provisions of Sections 607.0502	2 and 607 1	EAO Florido Statutos	the above	n nomed	Learner	ration submits this statement for the		changing its	registered
office or re	enistered agent, or both, in the State o	of Florida S	uch change was aut	horized by	the corp	oration	's board of directors. I hereby acce	ot the appoi	ntment as reg	istered
agent. í ar	n familiar with, and accept the obligati	ions of, Sec	tion 607.0505, Florid	la Statutes	•					{
SIGNATURE	Signature, typed or printed name of registered agent	and title if engli	cable (NOTE: E	enistered Aner	t oignature	required v	when reinstating)	DATE		
12,	OFFICERS ANI			13.	K digitalists		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE		T			Change	Addition
NAME	COLLETT, ROBERT L			1.2 NAME						
STREET ADDRESS	1301 FIFTH AVE., STE. 3800			1.3 STREE	ADDRESS	;				1
CITY-ST-ZIP	SEATTLE WA 98101-2605			1.4 CITY-S	T-ZIP					
TITLE	CD		☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	MCCARTHY, DANIEL J			2.2 NAME			•			
STREET ADDRESS	TWO PENNSYLVANIA PLAZA, S	STE. 1552		2.3 STREE	TADDRESS	3	·			ļ
CITY-ST-ZIP	NEW YORK NY 10121-0088			2.4 CITY-S	T-ZIP	<u> </u>		<u> </u>		
TITLE	C		☐ DELETÉ	3.1 TITLE		TR	leasurer		Change Change	☐ Addition
NAME	PEDERSEN, WILLIAM S			3.2 NAME						}
STREET ADDRESS	1301 FIFTH AVE., STE. 3800			3.3 STREE	FADDRESS	s]
CITY-ST-ZIP	SEATTLE WA 98101-2605			3.4. CITY-S	T-ZIP	<u> </u>				
TITLE	CS		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME	POLLACK, BRIAN S			4. 2 NAME						ĺ
STREET ADDRESS	1301 FIFTH AVE., STE. 3800			4.3 STREET	TADORESS	i				
CITY-ST-ZIP	SEATTLE WA 98101-2605		C OF FTF	4.4 CITY-S	T-ZIP	_			Change	Addition
TITLE			☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAME	t ADDRESS					ļ
STREET ADDRESS				5.3 STREET		'				
CITY-ST-ZIP			DELETE	6.1 TITLE	1-217	 			Change	Addition
TITLE			(DELETE	6.2 NAME					onlings	
NAME OTREET ADDRESS				1	ADDRESS					(
STREET ADDRESS				6.4 CITY-S		1				
CITY-ST-ZIP				0.4 0111.2	1-21	1				I

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: