

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90037 044 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **837186**

1. Corporation Name

**INTERPACIFIC INVESTORS SERVICES, INC.**

Principal Place of Business

2623 SECOND AVE  
SEATTLE WA 98121-1294  
US

Mailing Address

2623 SECOND AVE  
SEATTLE WA 98121-1294  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/13/1976**

4. FEI Number

**91-0853082**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** 2623 Second Ave

Suite, Apt. #, etc.

**22** City & State  
**23** Seattle, WA

**24** Zip Country  
**25** 98121-1294 **25** USA

2a. Mailing Address

**26** 2623 Second Ave

Suite, Apt. #, etc.

**27** City & State  
**28** Seattle, WA

**29** Zip Country  
**30** 98121-1294 **30** USA

9. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED**  
**1188 OCEAN SHORE BLVD.**  
**SUITE 195**  
**ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUNDGREN, GARY	
STREET ADDRESS	8236 SE 30TH	
CITY-ST-ZIP	MERCER ISLAND WA	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CLOSE, ALLYN D.	
STREET ADDRESS	1665 185TH AVE NE	
CITY-ST-ZIP	BELLEVUE WA	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BONHAM, CAROL A.	
STREET ADDRESS	11702 SE 65TH ST.	
CITY-ST-ZIP	BELLEVUE WA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lundgren, Gary	
1.3 STREET ADDRESS	2621 Second Ave #1605	
1.4 CITY-ST-ZIP	Seattle, WA 98121	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ellison, Mona L.	
4.3 STREET ADDRESS	15704 3rd Ave SE	
4.4 CITY-ST-ZIP	Bothell, WA 98012	

5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kline, Brian R.	
5.3 STREET ADDRESS	7547 20th Ave SW	
5.4 CITY-ST-ZIP	Seattle, WA 98106	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

*Gary Lundgren* Gary Lundgren 1/8/99 206-269-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)