

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006238

FILED
Jan 18, 2005
Secretary of State

Entity Name: COSTCO INSURANCE AGENCY, INC.

Current Principal Place of Business:

999 LAKE DRIVE
ISSAQUAH, WA 98027

New Principal Place of Business:

Current Mailing Address:

999 LAKE DRIVE
ISSAQUAH, WA 98027

New Mailing Address:

FEI Number: 91-1895843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROEGLIN, GINNE M
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

Title: VSD () Delete
Name: BENOLIEL, JOEL
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

Title: AV () Delete
Name: CONLON, JOHN
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

Title: AV () Delete
Name: FRAGNOLI, DELLANIE P
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

Title: ASD () Delete
Name: OLIN, RICHARD J
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

Title: T () Delete
Name: KAPLAN, HAROLD E
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BENOLIEL, JOEL
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

Title: VPD (X) Change () Addition
Name: LATHAM, PAUL W
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

Title: AVP (X) Change () Addition
Name: CONLON, JOHN
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

Title: AVP (X) Change () Addition
Name: FRAGNOLI, DELLANIE P
Address: 999 LAKE DRIVE
City-St-Zip: ISSAQUAH, WA 98027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J. OLIN

ASD

01/18/2005

Electronic Signature of Signing Officer or Director

_____ Date