

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90725 001 ***750.00

0859221 AT

DOCUMENT # F00000006238

1. Entity Name
COSTCO INSURANCE AGENCY, INC.



Principal Place of Business
**999 LAKE DRIVE
ISSAQUAH WA 98027**

Mailing Address
**999 LAKE DRIVE
ISSAQUAH WA 98027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-1895843**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROEGLIN, GINNE M	999 LAKE DRIVE	ISSAQUAH WA 98027	<input type="checkbox"/>
VS	BENOLIEL, JOEL	999 LAKE DRIVE	ISSAQUAH WA 98027	<input type="checkbox"/>
AV	CONLON, JOHN	999 LAKE DRIVE	ISSAQUAH WA 98027	<input type="checkbox"/>
AV	FRAGNOLI, DELLANIE P	999 LAKE DRIVE	ISSAQUAH WA 98027	<input type="checkbox"/>
ASD	OLIN, RICHARD J	999 LAKE DRIVE	ISSAQUAH WA 98027	<input type="checkbox"/>
T	KAPLAN, HAROLD E	999 LAKE DRIVE	ISSAQUAH WA 98027	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Assistant VP	Patrick J. Callans	999 Lake Drive	Issaquah, WA 98027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vs 1 Director	Joel Benoliel	999 Lake Drive	Issaquah, WA 98027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 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

01-07-03 (425)313-8100
Date Daytime Phone #

CR2E034 (10/02)