

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 MAY 10 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003818 (2)**

1. Corporation Name

**SECOR INTERNATIONAL INCORPORATED**



|  |  |
|--|--|
| Principal Place of Business<br><b>11061 NE 2ND ST<br/>STE 102<br/>BELLEVUE WA 98004<br/>US</b> | Mailing Address<br><b>11061 NE 2ND ST<br/>STE 102<br/>BELLEVUE WA 98004<br/>US</b> |
|--|--|

|  |   |                                |
|--|---|--------------------------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | Country<br>25<br>Country<br>30 |
|--|---|--------------------------------|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/20/1993</b>  | 3a. Date of Last Report<br><b>06/05/1995</b> |
| 4. FEI Number<br><b>33-0385098</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |  |
|---|--|
| 81 Name   | <b>100001828071</b>                                |
| 82 Street Address (P.O. Box Number is Not Applicable) | <b>05-20-96-01014-008<br/>****225.00 ****25.00</b> |
| 83  |  |
| 84 City   | <b>FL</b>  |
| 85 Zip Code   | <b>5-10</b>  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Registered Agent (Print Name and Title) \_\_\_\_\_  
Signature of Registered Agent (Print Name and Title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                         |   |
|-----------------|-------------------------|---|
| TITLE           | PCD                     | <input type="checkbox"/> DELETE   |
| NAME            | YOUNG, JAMES A          |   |
| STREET ADDRESS  | 11061 NE 2ND ST STE 102 |   |
| CITY - ST - ZIP | BELLEVUE WA             |   |
| TITLE           | VPD                     | <input type="checkbox"/> DELETE   |
| NAME            | MCGRATH, ELGIE J        |   |
| STREET ADDRESS  | 11061 NE 2ND ST STE 102 |   |
| CITY - ST - ZIP | SEATTLE WA              |   |
| TITLE           | T                       | <input checked="" type="checkbox"/> DELETE                              |
| NAME            | SCHUBERT, STEVE         |   |
| STREET ADDRESS  | 11061 NE 2ND ST STE 102 |   |
| CITY - ST - ZIP | BELLEVUE WA             |   |
| TITLE           | S                       | <input type="checkbox"/> DELETE   |
| NAME            | BIDMAN, MARIE K         |   |
| STREET ADDRESS  | 11061 NE 2ND ST STE 102 |   |
| CITY - ST - ZIP | BELLEVUE WA             |   |
| TITLE           | VPD                     | <input checked="" type="checkbox"/> DELETE<br>only as director still VP |
| NAME            | OLESKI, WALT T          |   |
| STREET ADDRESS  | 355 UNION BLVD STE 200  |   |
| CITY - ST - ZIP | LAKEWOOD CO             |   |
| TITLE           | D                       | <input type="checkbox"/> DELETE   |
| NAME            | MYLER, DAVID J          |   |
| STREET ADDRESS  | 106 S. MILL ST., #202   |   |
| CITY - ST - ZIP | ASPEN CO 81611          |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |  |
|--------------------|--------------------------|--|
| 11 TITLE           | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME            | Howard Landis            |  |
| 13 STREET ADDRESS  | 26 Grove Street          |  |
| 14 CITY - ST - ZIP | New Canaan, CT 06840     |  |
| 21 TITLE           |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                          |  |
| 23 STREET ADDRESS  |                          |  |
| 24 CITY - ST - ZIP | Bellevue WA 98004        |  |
| 31 TITLE           | T                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME            | McGrath, Elgie J         |  |
| 33 STREET ADDRESS  | 11061 NE 2nd St #102     |  |
| 34 CITY - ST - ZIP | Bellevue WA 98004        |  |
| 41 TITLE           | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME            | James Palmer             |  |
| 43 STREET ADDRESS  | 3990 Ruffin Road         |  |
| 44 CITY - ST - ZIP | San Diego CA 92123-1826  |  |
| 51 TITLE           | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME            | Paul Yaniga              |  |
| 53 STREET ADDRESS  | 1115 E. Baltimore Pike   |  |
| 54 CITY - ST - ZIP | Kennett Square, PA 19348 |  |
| 61 TITLE           | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME            | Dennis Wade              |  |
| 63 STREET ADDRESS  | 15648 SE 114th #104      |  |
| 64 CITY - ST - ZIP | Clackamas OR 97015       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Marie K. Bidman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Marie K Bidman - Corp Secretary  
05-6-96 206 646 5758

CR2E034 (12/95)