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May 05 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # F93000003818 (2)
 1. Corporation Name
SECOR INTERNATIONAL INCORPORATED



| | |
|--|---|
| Principal Place of Business 11061 NE 2ND ST STE 102 BELLEVUE WA 98004 US | Mailing Address 11061 NE 2ND ST STE 102 BELLEVUE WA 98004-5810 US |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/20/1993 | 3a. Date of Last Report 05/10/1996 |
| 4. FEI Number 33-0385098 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | D | <input type="checkbox"/> DELETE |
| NAME | LANDIS, HOWARD | |
| 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 | V | <input type="checkbox"/> DELETE |
| 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

| | | |
|---------------------|-----------------------------|--|
| 1.1 TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | DAVID A. SAPORTA | |
| 1.3 STREET ADDRESS | 11061 NE 2ND ST #102 | |
| 1.4 CITY - ST - ZIP | BELLEVUE, WA 98004 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 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 do 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 in an attachment with an address.

SIGNATURE: *David A. Saporta* **DAVID A. SAPORTA** 04-22-97 (206) 646-3253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)