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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90256 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000003818

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
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 12034 134th CT. NE
 Suite, Apt. #, etc.
 22 SUITE 102
 City & State
 23 REDMOND WA
 Zip Country
 24 98052 25 USA

2a. Mailing Address
 26 P.O. Box 230
 Suite, Apt. #, etc.
 27
 City & State
 28 REDMOND, WA
 Zip Country
 29 98073 30 USA

3. Date Incorporated or Qualified
 08/20/1993

4. FEI Number
 33-0385098 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

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VAIS, JAMES L 90 NEW MONTGOMERY ST. #620 SAN FRANCISCO CA 94105	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	360 22ND ST #600
CITY-ST-ZIP		1.4 CITY-ST-ZIP	OAKLAND, CA 94612
TITLE	VP LIVERMORE, ROBERT 1830 W. UNIVERSITY DR. #106 TEMPE AZ 85281	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPS RATTUE, KEVIN 11061 NE 2ND ST STE 102 BELLEVUE WA 98004	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	12034 134th CT NE #102
CITY-ST-ZIP		3.4 CITY-ST-ZIP	REDMOND, WA 98052
TITLE	D ANDERSON, STEPHEN 4700 MCMURRAY DRIVE. #101 FORT COLLINS CO 80525	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GILLERAN, JAMES 3899 JACKSON STREET SAN FRANCISCO CA 94118	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MARTIN, STEVE 7121 COUNTY ROAD 9 WELLINGTON CO 80549	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Kevin Rattue 4-28-99 (425) 372-1600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)