

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000003091

Entity Name: OK'S CASCADE, INC.

FILED
May 22, 2009
Secretary of State

Current Principal Place of Business:

15830 FOLTZ IND. PKWY
STRONGSVILLE, OH 44149

New Principal Place of Business:

7733 BOSTIAN RD
1B
WOODINVILLE, WA 98072

Current Mailing Address:

15830 FOLTZ IND. PKWY
STRONGSVILLE, OH 44149

New Mailing Address:

1429 AVENUE D
166
WOODINVILLE, WA 98072

FEI Number: 34-1903720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLIN, LARRY
8805 TAMiami TRAIL NORTH
SUITE 113
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: NANCY LYDON

05/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: VUKSIC, JAMES S
Address: 15830 FOLTZ INDUSTRIAL PKWY
City-St-Zip: CLEVELAND, OH 44149

Title: GM () Delete
Name: LAUB, KEITH
Address: 15830 FOLTZ IND. PKWY
City-St-Zip: STRONGSVILLE, OH 44149

Title: CFO (X) Delete
Name: LUCARELL, TONY
Address: 15830 FOLTZ INDUSTRIAL PKWY
City-St-Zip: CLEVELAND, OH 44149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KEENER, RAY
Address: 7733 W. BOSTIAN, SUITE 1B
City-St-Zip: WOODINVILLE, WA 98072

Title: VP (X) Change () Addition
Name: KEENER, JOHN
Address: 7733 W. BOSTIAN, SUITE 1B
City-St-Zip: WOODINVILLE, WA 98072

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAM MCELHANY

CTRL

05/22/2009

Electronic Signature of Signing Officer or Director

Date