

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006602 (6)**

1. Corporation Name  
**EMERITUS CORPORATION**



Principal Place of Business: **2003 WESTERN AVE. SUITE 660 SEATTLE WA 98121 US**  
Mailing Address: **2003 WESTERN AVE. SUITE 660 SEATTLE WA 98121 US**

3. Date Incorporated or Qualified: **12/27/1994**  
3a. Date of Last Report: **06/20/1995**  
4. FEI Number: **91-1605464**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>BATY, DANIEL R</b>	
STREET ADDRESS	<b>2001 WESTERN AVE.</b>	
CITY-STATE-ZIP	<b>SEATTLE WA</b>	
TITLE	<b>PTS</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANDSTROM, RAYMOND R</b>	
STREET ADDRESS	<b>2001 WESTERN AVE.</b>	
CITY-STATE-ZIP	<b>SEATTLE WA</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALLEN, ROSA</b>	
STREET ADDRESS	<b>2001 WESTERN AVE.</b>	
CITY-STATE-ZIP	<b>SEATTLE WA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>RUFFO, FRANK A.</b>	
STREET ADDRESS	<b>2003 WESTERN AVE. #660</b>	
CITY-STATE-ZIP	<b>SEATTLE WA</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARBEE, PATRICIA P.</b>	
STREET ADDRESS	<b>2003 WESTERN AVE. #660</b>	
CITY-STATE-ZIP	<b>SEATTLE WA</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FUKUDA, JEAN T.</b>	
STREET ADDRESS	<b>2003 WESTERN AVE. #660</b>	
CITY-STATE-ZIP	<b>SEATTLE WA</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>See Attached</b>
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **(206)443-4313**  
Daytime Phone #

CR2E034 (12/95)

F94000006602 Pg. 2

**EMERITUS CORPORATION**  
**OFFICERS & DIRECTORS**

**Daniel R. Baty, Chairman/Director**  
2003 Western Avenue, Suite 660  
Seattle, WA 98121

**Raymond R. Brandstrom, President /Treasurer/Director**  
2003 Western Avenue, Suite 660  
Seattle, WA 98121

**Frank A. Ruffo, Vice President**  
2003 Western Avenue, Suite 660  
Seattle, WA 98121

**Larry L. Claunch, Vice President of Operations**  
2003 Western Avenue, Suite 660  
Seattle, WA 98121

**Kelly J. Price, Secretary**  
2003 Western Avenue, Suite 660  
Seattle, WA 98121

**Motoharu Iue, Director**  
2055 Sanyo Avenue  
San Diego, CA 92173

**Tom A. Alberg, Director**  
5000 Carillon Point  
Kirkland, WA 98033

**Patrick Carter, Director**  
48 Leischester Square  
London WC England 2H7FB

**William R. Colson, Director**  
P.O. Box 14111  
Salem, OR 97309-5026