

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90199 043 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # F94000006602**

1. Entity Name  
**EMERITUS CORPORATION**



Principal Place of Business  
3131 ELLIOTT AVE #500  
SEATTLE WA 98121  
US

Mailing Address  
3131 ELLIOTT AVE #500  
SEATTLE WA 98121  
US

**90024608**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

4. FEI Number **91-1605464**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>BATY, DANIEL R</b>	
STREET ADDRESS	<b>3131 ELLIOTT AVE SUITE 500</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98121</b>	
TITLE	<b>VPF</b>	<input type="checkbox"/> Delete
NAME	<b>BRANDSTROM, RAYMOND R</b>	
STREET ADDRESS	<b>3131 ELLIOTT AVE SUITE 500</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98121</b>	
TITLE	<b>VPO</b>	<input type="checkbox"/> Delete
NAME	<b>BECKER, GARY S</b>	
STREET ADDRESS	<b>3131 ELLIOTT AVE SUITE 500</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98121</b>	
TITLE	<b>VPO</b>	<input type="checkbox"/> Delete
NAME	<b>KUBIK, RUSSELL G</b>	
STREET ADDRESS	<b>3131 ELLIOTT AVE SUITE 500</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98121</b>	
TITLE	<b>VPO</b>	<input type="checkbox"/> Delete
NAME	<b>MCCANLESS, SUZETTE</b>	
STREET ADDRESS	<b>3131 ELLIOTT AVE SUITE 500</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98121</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, KELLIE</b>	
STREET ADDRESS	<b>3131 ELLIOTT AVENUE, SUITE 500</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98121</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond R Brandstrom* (206) 298-2909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #