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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001625 (1)

1. Corporation Name

UNITED STATES MISSION CORPORATION

Principal Place of Business

1154 N. WESTERN AV.
LOS ANGELES CA 90029

Mailing Address

8314 GREENWOOD AV. NORTH
BOX 17
SEATTLE WA 98109-4238



3. Date Incorporated or Qualified
04/04/1995

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

94-1528526 94-1585260

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LENHOF, ARTHUR
STREET ADDRESS 1822 W. GLENDALE AVE #407
CITY-ST-ZIP PHOENIX AZ 85021

TITLE CD
NAME KIGHT, MORRIS
STREET ADDRESS 1154 N. WESTERN AVE.
CITY-ST-ZIP LOS ANGELES CA 90029

TITLE VD
NAME GOWSALVES, FRANK
STREET ADDRESS 400 S. FIFTH
CITY-ST-ZIP SAN JOSE CA 95712

TITLE D
NAME TEMPLE, CAREY
STREET ADDRESS 1154 N. WESTERN AVE.
CITY-ST-ZIP LOS ANGELES CA 90029

TITLE D
NAME GUNTER, GLEN
STREET ADDRESS 4545 NE GARFIELD
CITY-ST-ZIP PORTLAND OR 97211

TITLE VP
NAME RIDDEL, GENE
STREET ADDRESS 1822 W. GLENDALE #407
CITY-ST-ZIP PHOENIX AZ 85021

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SECRETARY-GENERAL (S/D)
BRIAN JONES
8314 GREENWOOD AV. N. BOX 17
SEATTLE, WA 98103

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian Jones, SECRETARY-GENERAL 1/9/97 (206) 781-9113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078442

CR2E037 (9/96)