

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000006538**
 1. Entity Name
NW ICO, INC.

Principal Place of Business **18850 8th Ave So Suite 100** Mailing Address
~~13035 GATEWAY DRIVE, SUITE 113~~ P.O. BOX 68271
 SEATTLE WA ~~98148~~ **98148** SEATTLE WA 98168

2. Principal Place of Business **18850 8th Ave So** 3. Mailing Address
 Suite, Apt. #, etc. **Suite 100** Suite, Apt. #, etc.
 City & State **Seattle WA** City & State
 Zip **98148** Country **King** Zip Country

FILED
 01 NOV 16 PM 1:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT (DO NOT WRITE IN THIS SPACE) **01**

6. Name and Address of Current Registered Agent
MEINERTZ, JANNE
405 ATLANTIS ROAD, SUITE # F
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
405 ATLANTIS ROAD
 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.
 SIGNATURE *[Signature]* DATE **11.12.01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DAHL, JESPER	
STREET ADDRESS	13035 GATEWAY DRIVE, SUITE 113	
CITY-ST-ZIP	SEATTLE WA 98168	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEARDEN, CHRISTINE V	
STREET ADDRESS	13035 GATEWAY DRIVE, SUITE 113	
CITY-ST-ZIP	SEATTLE WA 98168	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VERNOY, GREG	
STREET ADDRESS	13035 GATEWAY DRIVE, SUITE 113	
CITY-ST-ZIP	SEATTLE WA 98168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18850 8th Ave So Suite 100	
CITY-ST-ZIP	Seattle WA 98148	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18850 8th Ave So Suite 100	
CITY-ST-ZIP	Seattle WA 98148	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18850 8th Ave So Suite 100	
CITY-ST-ZIP	Seattle WA 98148	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* DATE **9/8/01** (206) **244-9725**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0139323 AT

CR2E034 (5/01)