


03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED 5/12/03
FILED

03 MAY 14 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name	F99000006538 NW ICO, INC	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18850 8TH AVE S Suite, Apt. #, etc. SUITE 100 City & State SEATTLE, WA Zip 98148 Country KUSA	3. Mailing Address P.O. BOX 69207 Suite, Apt. #, etc. City & State SEATTLE, WA Zip 98168 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1947444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name MEINERTZ, JANNE	
Street Address (P.O. Box Number is Not Acceptable) 405 ATLANTIS RD SUITE F	
City CAPE CANAVERAL	FL Zip Code 32920

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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		400020322134 06/03/03--01/07--003 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/ST DAHL, RJESPER 18850 8TH AVE S SUITE 100 SEATTLE WA 98148	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V X DELETE DEARDEN, CHRISTINE 18850 8TH AVE S SUITE 100 SEATTLE, WA 98148	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST XX DELETE VERNOY, GREG 18850 8TH AVE S SUITE 100 SEATTLE, WA 98148	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

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

5/12/03
Date

906-244-0330
Daytime Phone #

CR2E034B (12/02)

5/21