

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90092 001 ***750.00

DOCUMENT # F99000006637

1. Entity Name
LIFECLINIC.COM CORPORATION

Principal Place of Business
**15520 NE 40TH ST
 REDMOND VA 98073**

Mailing Address
**PO BOX 97013
 REDMOND VA 98073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Redmond WA

City & State
Redmond WA

4. FEI Number **91-2009270**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	LOMBARDI, CARL A	
STREET ADDRESS	15220 NE 40TH ST.	
CITY-ST-ZIP	REDMOND VA 98073	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHMAN, JAMES A	
STREET ADDRESS	15220 NE 40TH ST.	
CITY-ST-ZIP	REDMOND VA 98073	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEFELICE, EUGENE V	
STREET ADDRESS	15220 NE 40TH ST.	
CITY-ST-ZIP	REDMOND VA 98073	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	KEHOR, MICHAEL	
STREET ADDRESS	15220 NE 40TH ST	
CITY-ST-ZIP	REDMOND WA 98073	
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 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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, CLARENCE F.	
STREET ADDRESS	15220 NE 40th ST.	
CITY-ST-ZIP	REDMOND WA 98073	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMIN, CINDY L.	
STREET ADDRESS	15220 NE 40th ST.	
CITY-ST-ZIP	Redmond WA 98073	
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 all other like empowered.

SIGNATURE: *Cindy L. Comin* **SIGNATURE REQUIRED** Cindy L. Comin 4/18/02 425 882-3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

LIFECLINIC.COM CORPORATION
SCHEDULE OF OFFICERS AND DIRECTORS

OFFICERS

Business Address

President	Carl A. Lombardi *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Vice President	James A. Richman *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Chief Legal Counsel and Secretary	Clarence F. West *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Assistant Treasurer	Cindy L. Comin	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713

* Also Directors