

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P14754**

1. Entity Name

COSTCO WHOLESALE CORPORATION

FILED

00 JAN 31 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

999 LAKE DRIVE
ISSAQUAH WA 98027

Mailing Address

999 LAKE DRIVE
ATTN: LICENSING DEPT.
ISSAQUAH WA 98027-8990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1223280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **AS**
STREET ADDRESS **OLIN, RICHARD J**
CITY-ST-ZIP **999 LAKE DR**
ISSAQUAH WA

TITLE Delete
NAME **PCEO**
STREET ADDRESS **SINEGAL, JAMES D**
CITY-ST-ZIP **999 LAKE DR**
ISSAQUAH WA

TITLE Delete
NAME **VS**
STREET ADDRESS **BENOLIEL, JOEL**
CITY-ST-ZIP **999 LAKE DR**
ISSAQUAH WA

TITLE Delete
NAME **D**
STREET ADDRESS **SHAW, RALPH R.**
CITY-ST-ZIP **400 SW SIXTH AVE 1100**
PORTLAND OR

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Please see attached for officers and directors.

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300003116663--7
-01/31/00--01125--001
******350.00 ****150.00**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARD J. OLIN
Vice President/Assistant Secretary

Date

1/12/00

Daytime Phone #

(425) 313-6094