

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P25750**

1. Corporation Name

**JOHN FLUKE MFG. CO., INC.**

Principal Place of Business

P.O. BOX 9090  
EVERETT WA 98206-6090

Mailing Address

P.O. BOX 9090  
EVERETT WA 98206-6090

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90076 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/22/1989**

4. FEI Number

**91-0606624**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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 607.0502 and 607.1508, 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 607.0505, 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 **CEO** ☒ DELETE  
NAME **PARZYBOK, WILLIAM G**  
STREET ADDRESS **13617-160TH AVE NE**  
CITY-ST-ZIP **REDMOND WA**

1.1 TITLE **President / COO** ☒ Change ☐ Addition  
1.2 NAME **H. Lawrence Culp Jr.**  
1.3 STREET ADDRESS **50 Winterset Lane**  
1.4 CITY-ST-ZIP **Simsbury CT 06070**

TITLE **P** ☒ DELETE  
NAME **KATRI, DAVID E.**  
STREET ADDRESS **841 82ND AVE, NE**  
CITY-ST-ZIP **BELLEVUE WA 98004**

2.1 TITLE **V.P. / Operations** ☐ Change ☒ Addition  
2.2 NAME **Jim Lico**  
2.3 STREET ADDRESS **6920 Seaway Blvd**  
2.4 CITY-ST-ZIP **Everett WA 98206**

TITLE **VP** ☒ DELETE  
NAME **ROWAN, BARRY L.**  
STREET ADDRESS **20724 121ST AVE, SE**  
CITY-ST-ZIP **SNOMISH WA 98290**

3.1 TITLE **Assist. Treasurer** ☐ Change ☒ Addition  
3.2 NAME **Rodric J. Wilson**  
3.3 STREET ADDRESS **6920 Seaway Blvd**  
3.4 CITY-ST-ZIP **Everett WA 98206**

TITLE **V** ☐ DELETE  
NAME **VAN SAUN, RICHARD W.**  
STREET ADDRESS **7715 173RD ST SW**  
CITY-ST-ZIP **EDMONDS WA**

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

TITLE **VS** ☒ DELETE  
NAME **MCKNIGHT, DOUGLAS G.**  
STREET ADDRESS **18103 195TH PLACE, N.E.**  
CITY-ST-ZIP **WOODINVILLE WA**

5.1 TITLE **VP / Secretary** ☒ Change ☐ Addition  
5.2 NAME **C. Scott Brannan**  
5.3 STREET ADDRESS **1250 24th St. NW**  
5.4 CITY-ST-ZIP **Washington D.C. 20037**

TITLE **CFO** ☒ DELETE  
NAME **HUEBNER, ELIZABETH S.**  
STREET ADDRESS **14334 155TH AVE, NE**  
CITY-ST-ZIP **WOODINVILLE WA 98072**

6.1 TITLE **V.P. / Finance** ☒ Change ☐ Addition  
6.2 NAME **Mark S. Kuhn**  
6.3 STREET ADDRESS **6920 Seaway Blvd**  
6.4 CITY-ST-ZIP **Everett WA 98206**

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 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

**4/30/99 (425) 356-5324**

CR2E034 (11/98)