

0-5-97 B-6335 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003818 (2)

1. Corporation Name
SECOR INTERNATIONAL INCORPORATED

Principal Place of Business 11061 NE 2ND ST STE 102 BELLEVUE WA 98004 US	Mailing Address 11061 NE 2ND ST STE 102 BELLEVUE WA 98004-5810 US
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3. Date Incorporated or Qualified 08/20/1993	3a. Date of Last Report 05/10/1996
4. FEI Number 33-0385098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	
TITLE	PCD
NAME	YOUNG, JAMES A
STREET ADDRESS	11061 NE 2ND ST STE 102
CITY - ST - ZIP	BELLEVUE WA
TITLE	VPD
NAME	MCGRATH, ELGIE J
STREET ADDRESS	11061 NE 2ND ST STE 102
CITY - ST - ZIP	SEATTLE WA
TITLE	D
NAME	LANDIS, HOWARD
STREET ADDRESS	11061 NE 2ND ST STE 102
CITY - ST - ZIP	BELLEVUE WA
TITLE	S
NAME	BIDMAN, MARIE K
STREET ADDRESS	11061 NE 2ND ST STE 102
CITY - ST - ZIP	BELLEVUE WA
TITLE	V
NAME	OLESKI, WALT T
STREET ADDRESS	355 UNION BLVD STE 200
CITY - ST - ZIP	LAKEWOOD CO
TITLE	D
NAME	MYLER, DAVID J
STREET ADDRESS	106 S. MILL ST., #202
CITY - ST - ZIP	ASPEN CO 81611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TREASURER
1.2 NAME	DAVID A. SAPORTA
1.3 STREET ADDRESS	11061 NE 2ND ST #102
1.4 CITY - ST - ZIP	BELLEVUE, WA 98004
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. SAPORTA

04-22-97

Date

Daytime Phone #

(206)
646-3253

CR2E034 (9/96)