

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90256 019 ***150.00

DOCUMENT # F93000003818

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1993

4. FEI Number

33-0385098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 12034 134th CT. NE

2a. Mailing Address

26 P.O. Box 230

Suite, Apt. #, etc.

22 SUITE 102

Suite, Apt. #, etc.

City & State

23 REDMOND WA

City & State

28 REDMOND, WA

Zip

24 98052

Country

25 USA

Zip

29 98073

Country

30 USA

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

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

TITLE PD ☐ DELETE

NAME VAIS, JAMES L
STREET ADDRESS 90 NEW MONTGOMERY ST. #620
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE VP ☐ DELETE

NAME LIVERMORE, ROBERT
STREET ADDRESS 1830 W. UNIVERSITY DR. #106
CITY-ST-ZIP TEMPE AZ 85281

TITLE VPS ☐ DELETE

NAME RATTUE, KEVIN
STREET ADDRESS 11061 NE 2ND ST STE 102
CITY-ST-ZIP BELLEVUE WA 98004

TITLE D ☐ DELETE

NAME ANDERSON, STEPHEN
STREET ADDRESS 4700 MCMURRAY DRIVE. #101
CITY-ST-ZIP FORT COLLINS CO 80525

TITLE D ☐ DELETE

NAME GILLERAN, JAMES
STREET ADDRESS 3899 JACKSON STREET
CITY-ST-ZIP SAN FRANCISCO CA 94118

TITLE D ☐ DELETE

NAME MARTIN, STEVE
STREET ADDRESS 7121 COUNTY ROAD 9
CITY-ST-ZIP WELLINGTON CO 80549

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 360 22ND ST #600
1.4 CITY-ST-ZIP OAKLAND, CA 94612

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 12034 134th CT NE #102
3.4 CITY-ST-ZIP REDMOND, WA 98052

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

4-28-99 (425) 372-1600
Date Daytime Phone #

CR2E034 (11/98)