## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F93000003818 May 18, 2000 8:00 am Secretary of State SECOR INTERNATIONAL INCORPORATED 05-18-2000 90305 012 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 230 12034 134TH CT. NE **STE 102** REDMOND WA 98073-0230 REDMOND WA 98052 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 33-0385098 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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) FILE NOW!!! FEE (S \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) 📳 🐠 😗 😋 🐗 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Change Addition | ☐ Delete TITLE NAME NAME VAIS, JAMES L STREET ADDRESS STREET ADDRESS 360 22ND ST., #600 CITY-ST-ZIP CITY-ST-ZIP OAKLAND CA 94612 ☐ Change ☐ Addition TITLE ☐ Delete TITLE LIVERMORE, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1830 W. UNIVERSITY DR. #106 CITY-ST-7IP CITY-ST-ZIP **TEMPE AZ 85281** ☐ Addition Change TITLE **VPS** ☐ Delete TITLE NAME NAME RATTUE, KEVIN STREET ADDRESS STREET ADDRESS 12034 134TH CT. NE #102 CITY-ST-ZIP CITY-ST-ZIP REDMOND WA 98052 TITLE ☐ Delete TITLE Change ☐ Addition NAME ANDERSON, STEPHEN STREET ADDRESS STREET ADDRESS 4700 MCMURRAY DRIVE. #101 CITY-ST-ZIP CITY-ST-ZIP FORT COLLINS CO 80525 D ☐ Delete TITLE Change ☐ Addition TITLE NAME GILLERAN, JAMES NAME STREET ADDRESS STREET ADDRESS 3899 JACKSON STREET CITY-ST-ZIP CITY-ST-7IP SAN FRANCISCO CA 94118 ☐ Delete TITLE Change ☐ Addition D TITLE NAME NAME MARTIN, STEVE STREET ADDRESS STREET ADDRESS 7121 COUNTY ROAD 9

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 suppliemental 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 impowered 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

WELLINGTON CO/80549

4-28-00 (425) 372-1600

Data Date Davine Phone