2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 804612

1. Entity Name
SSA GULF, INC.

Principal Place of Business	Mailing Address
1131 SW KLICKITAT WAY SEATTLE, WA 98134 US	1131 SW KLICKITAT WAY SEATTLE, WA 98134 US

DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
63-0181240
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000479519
04/10/06-80007-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	HEMINGWAY, JON
STREET ADDRESS	1131 SW KLICKITAT WAY
CITY-ST-ZIP	SEATTLE, WA 98134
TITLE	SRVP
NAME	SADOSKI, CHARLES F
STREET ADDRESS	1131 SW KLICKITAT WAY
CITY-ST-ZIP	SEATTLE, WA 98134
TITLE	P
NAME	STRITMATTER, CLAUDE W
STREET ADDRESS	1131 SW KLICKITAT WAY
CITY-ST-ZIP	SEATTLE, WA 98134
TITLE	D
NAME	SMITH, FRED D
STREET ADDRESS	1131 SW KLICKITAT WAY
CITY-ST-ZIP	SEATTLE, WA 98134
TITLE	VPFA
NAME	ALDAYA, JOHN J
STREET ADDRESS	1131 SW KLICKITAT WAY
CITY-ST-ZIP	SEATTLE, WA 98134
TITLE	VP
NAME	MELTON, CARLTON
STREET ADDRESS	ALABAMA STATE DOCKS, BLDG 55
CITY-ST-ZIP	MOBILE, AL 36602

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles F. Sadoski, Sr. VP 3/10/06 206 654-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #