

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90123 046 \*\*\*150.00

0659294 AT

**DOCUMENT # F93000003818**

**1. Entity Name**  
**SECOR INTERNATIONAL INCORPORATED**



**Principal Place of Business**  
**12034 134TH CT. NE**  
**STE 102**  
**REDMOND WA 98052**  
**US**

**Mailing Address**  
**PO BOX 230**  
**REDMOND WA 98073**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 33-0385098**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** VAIS, JAMES L  
**STREET ADDRESS** 360 22ND ST., #600  
**CITY-ST-ZIP** OAKLAND CA 94612

**TITLE** D. ☐ Change ☒ Addition  
**NAME** William Lynott  
**STREET ADDRESS** 141 Union Blvd Ste 330  
**CITY-ST-ZIP** Lakewood CO 80228

**TITLE** D ☐ Delete  
**NAME** LANDIS, HOWARD  
**STREET ADDRESS** 36 GROVE ST  
**CITY-ST-ZIP** NEW CANAAN CT 06840

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VCFS ☐ Delete  
**NAME** NUMATA, STEVEN G  
**STREET ADDRESS** 12034 134TH CT. NE #102  
**CITY-ST-ZIP** REDMOND WA 98073

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** BROWNE, WILLIAM  
**STREET ADDRESS** 113 OUTLOOK LANE  
**CITY-ST-ZIP** PORT LUDLOW WA 98365

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☒ Delete  
**NAME** GILLERAN, JAMES  
**STREET ADDRESS** 3899 JACKSON STREET  
**CITY-ST-ZIP** SAN FRANCISCO CA 94118

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** MARTIN, STEVE  
**STREET ADDRESS** 7121 COUNTY ROAD 9  
**CITY-ST-ZIP** WELLINGTON CO 80549

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 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:**

**SIGNATURE REQUIRED STEVE NUMATA**

**4/2/03**

**425-372-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)