## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004315

Entity Name: VULCAN PERSONAL SERVICES INC.

**FILED** Apr 09, 2018 **Secretary of State** CC6740297681

## **Current Principal Place of Business:**

505 FIFTH AVENUE SOUTH, SUITE 900

SEATTLE. WA 98104

## **Current Mailing Address:**

505 FIFTH AVENUE SOUTH, SUITE 900 SEATTLE, WA 98104

FEI Number: 20-0411646 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

ALLEN, JO LYNN DRAKE, SUSAN Name Name

505 FIFTH AVENUE SOUTH, SUITE 505 FIFTH AVENUE SOUTH, SUITE Address Address

SEATTLE WA 98104 City-State-Zip: SEATTLE WA 98104

Title AS Title **SECRETARY** 

Name ISRAEL. ALLEN Name STEWART, DAVID

1111 THIRD AVE., STE 3400 505 FIFTH AVENUE SOUTH, SUITE Address Address

SEATTLE WA 98101

City-State-Zip: City-State-Zip: SEATTLE WA 98104

Title VΡ

Title **DIRECTOR** STEWART, DAVID Name

Name ALLEN, JO LYNN 505 FIFTH AVENUE SOUTH, SUITE Address

505 FIFTH AVENUE SOUTH, SUITE Address 900 900

City-State-Zip: SEATTLE WA 98104 City-State-Zip: SEATTLE WA 98104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/09/2018 SIGNATURE: SUSAN DRAKE VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date